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Notes by the Way.

CONSTANT readers of the HOSPITAL GAZETTE will remember that in my initial NOTES this time last year I remarked that, "the outlook for the coming year, regarded from a medical point of view," was not a very cheering one. My gloomy anticipations have been more than fulfilled, and it may truthfully be said that the year has been a most disastrous one, not only to medical practitioners generally, but also to all hospitals and medical charities. From all quarters comes the same lament, diminished incomes. Bad trade has told severely on the incomes of medical practitioners, especially in the mining, manufacturing, and agricultural districts, and so severely have many been pressed, that they have sought relief from their distresses either in alcoholic libations or the more deadly prussic acid bottle. I never remember such a large number of deaths of medical men from the self-administration of poisons as have taken place during the past year. As regards our hospitals and medical charities, the diminution of subscriptions in the case of those wholly maintained by voluntary contributions is becoming very serious. In some hospitals whole wards have had to be closed in order to curtail expenses, and in others large sales of stock have had to be made to meet current expenditure. We can only hope that the year we are now entering on may bring about a change for the better. The prospect truly is not very bright at the present, but those who profess to see far in advance assure me that there are indications of improvement ahead, and, therefore, I cordially wish, not altogether without hope of partial realization, all the readers of NOTES BY THE WAY A HAPPY AND PROSPEROUS NEW YEAR.

"BAD as is the medical outlook, the general condition of things is not more cheering. Low wages, low prices, bad trade, and general impecuniosity are the prevailing characteristics. I am by no means a pessimist, but I see no hope for improvement as long as we have a Government which allows the country to be flooded with cheap and nasty goods of foreign manufacture, whilst our own working men, by tens of thousands, are eating the bread of idleness. A great fuss is now being made about the dwellings of the poor, and all sorts of schemes are proposed to improve their homes, but it will all end in failure and disappointment unless the working classes can be kept usefully and profitably employed. Let our industrial classes have the opportunity of getting work at fair wages, and there will be no difficulty as to their homes." The above is reproduced from my NOTES of January 5th last year, but the same remarks apply with equal force to-day. At that time to urge the Government to turn their attention to the industrial question was like the voice of one crying in the wilderness with no one to listen to the wail of distress.

TWELVE months have produced a vast change in this regard, and now almost everyone is discussing the question of "Bad Trade," its causes and re-

medies. The most hopeful sign is that the working classes are themselves demanding an inquiry into the operation of our fiscal system, which imposes a heavy import duty upon the tea, coffee, tobacco, raisins, currants, &c., which they consume but cannot produce, and allows watches, clocks, pianofortes, silks, satins, velvets, &c., to be brought into the country from French, German and American factories duty free. English workmen will not be content much longer to allow the money which they ought to be earning, and which they require for the maintenance of their families, to be spent in foreign workshops. Already they are forming associations to protect their industries, and at the next general election they will endeavour to elect representatives who will pledge themselves to support the interests of the working classes.

It is reported that the flesh of dogs is now permitted to be sold in Belgium as an article of food on an inspection certificate of an authorised veterinary surgeon. The following are the points for the guidance of the inspector:—1. Lean dogs, or those having symptoms or lesions of serious diseases, such as rabies or even a suspicion of it, rachitis, dropsy, abscess, tumours of any kind, intestinal, hepatic, peritoneal inflammation, pneumonia, pleuritis, are excluded. 2. Pharynx, stomach, and intestines are under all circumstances excluded from sale. 3. The sale is limited to *one* butcher's stall, with a sign of "Dog Meat" for sale. Only the carcasses of dogs that had been slaughtered, or whose death was caused by the loss of blood from a divided jugular, can be offered for sale. This points to a probable solution of the dear meat question.

THE eminent firm of publishers, Cassell and Company, has most generously given a very acceptable present of a parcel of their entertaining and instructive publications to each of about one hundred and twenty of the principal London and Provincial hospitals. It is needless to say that their generosity has been warmly appreciated by the patients of the various institutions which have been so favoured. No doubt the example of Messrs. Cassell will be imitated by other publishing firms next Christmas, some of whom must have tons of literature for which there is no market.

It is very satisfactory to know that the Home Secretary has respited the convict, Mrs. Gibbons, who was condemned to death at the recent sessions of the Central Criminal Court for the murder of her husband by shooting at Hayes, near Uxbridge. It will be remembered that the convict was condemned almost wholly on the medical evidence, which it is now very generally admitted did not fairly allow for all the probabilities of the occurrence being suicidal.

THE *Times* announces that, as a result of the late litigation *in re* Weldon, the Government will, during the next session, bring forward a measure to reform the present lunacy laws, one of the most important features of which will be the taking away from the ordinary medical practitioner the right to fill up

feel conscious that scarcely a word of encomium on our part in favour of a truly excellent work can be needed; as the numerous manuals, &c., from the same learned, pen are already so deservedly popular in the student world, that the mere knowledge of Dr. Semple being the author will at once lead the junior ranks of our profession to expect with grateful anticipation another stone removed from their arduous path up the hill of science by their staunch and well-known "guide, philosopher and friend." But while encomium from the outside is superfluous, we feel it our duty to call the attention of students to the excellencies of these tablets, in their own professional interest. The analytic operations for the detection of a metal have been arranged in five groups, showing with admirable and concise clearness the reactions and results in each case. No less worthy of admiration is the arrangement of the detective process in the case of acids into six trials; while a subsequent explanation and description of further confirmatory tests, displays the same judicious arrangement, comprising a most extensive amount of practical information in a remarkably brief and compendious form, set forth with clearness; a combination of desiderata which can but result in the addition to the chemical student's library of a surpassingly excellent, practical, and useful little work.

NOTICE.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, JANUARY 3, 1885.

EDITORIAL AND PERSONAL.

THE 29th annual report of the Manchester Institution for Diseases of the Ear states that the removal of the institution to more commodious premises had been rendered necessary by the increase in the number of patients, and for the same reason it had been found necessary to appoint Dr. Cox as House Surgeon. The number of patients during the year ending September 30th was 1,051, of whom 249 were cured, 47 found to be incurable, 331 relieved, 171 had ceased to attend before being formally discharged, and there are now 251 under treatment. The total number of patients admitted since the institution was opened in 1875 is 13,624, of which number upwards of 400 still remain on the books for periodical treatment, in addition to the 1,051 patients during the year. The expenses of the institution are steadily increasing, and the removal and alterations of the new premises have swallowed up the legacy of £100 left by the late Mr. John Gould. A legacy of 100 guineas has since been made to the institution from the estate of Mr. Frank Lowther. The Committee consider it desirable that reliance should not be placed on donations and legacies, but that an effort should be made to extend the list of subscribers. The balance sheet shows an income of £331 1s. 11d., of which £91 10s. 6d. is from subscriptions and £100 from Mr. Gould's legacy, and the year closes with a balance in hand of £41 3s. 5d.

THE death is announced, at his residence, Southport, in the 90th year of his age, of Mr. James Newton Joynson, formerly a well-known medical practitioner in Manchester. The deceased gentleman was the eldest son of Mr. William Joynson, who, nearly a century since, was an extensive corn merchant in Alport-lane, subsequently Deansgate, Manchester. Mr. Joynson was a pupil of Sir Astley Cooper.

THE Committee of the Montefiore Centenary Ball, held in the Cheetham Town Hall, on October 30th, have presented a cheque for £82 14s. 7d., being the proceeds of the Ball, to the Manchester Royal Infirmary.

THE obituary column of the *Daily Telegraph* of the 30th ult. is noteworthy as recording the deaths of an unusual proportion of aged persons. Of 51 deaths, no fewer than 25 were of persons 69 years of age or upwards, the eldest reaching 94 years, giving an average of 79 years to each person.

At the last meeting of the Council of the Royal College of Surgeons, Sir James Paget gave notice that at the next meeting he would move that the Council take measures for placing in the College an appropriate memorial of Sir Erasmus Wilson, who, it will be remembered, bequeathed about £180,000 to the College. He had previously given £5,000 and his fine collection of dermatological specimens to the Museum of the College.

A VERY interesting paper war is now in progress in the pages of the *British Medical Journal*, the principal combatants being Drs. Ross and Althaus. The subject in dispute is the right of priority in pointing out as a new symptom of locomotor ataxy the desire of the patient to walk backwards, and which it seems was first suggested as a test of the disease by Dr. Althaus. This latter gentleman, however, in his recent contribution to the literature of medicine, takes to himself credit for propounding a new theory of tabes, and the principal point of contention between him and Dr. Ross, is that this same explanation of the disease forms part and parcel of the magnificent work on Diseases of the Nervous System, by Ross, and which is now in a second edition. So far, certainly, Dr. Althaus has not succeeded in justifying his position, but possibly the next coming issue of the journal selected as the field of battle will contain a bristling, even though weakly, defence of his action.

ON Saturday last a meeting was held at the Rooms of the Medical Society of London, for the purpose of discussing the propriety of founding a new society having for its object the promotion of gynecological science and practice. The chair was taken by Dr. Routh, and among those present were a considerable number of physicians whose names are well known in connection with gynecology. Numerous letters were also read from gentlemen who were unable to attend the meeting, but who fully sympathised with its objects, and promised all the support in their power. The first resolution, to the effect that a

society be formed with the title of the "British Gynecological Society," was moved by Dr. Barnes, and carried unanimously. The amount of subscription was fixed at one guinea *per annum*, without entrance fee, and the following office-bearers were elected:—*Hon. President*, Dr. R. Barnes; *President*, Dr. Alfred Meadows; *Vice-Presidents*, Drs. Aveling, Bantock, Kidd (Dublin), Routh, Prof. Simpson (Edinburgh), Protheroe Smith, Mr. Lawson Tait (Birmingham); *Treasurer*, Dr. A. W. Edis; *Hon. Secretaries*, Dr. Heywood Smith, Dr. Fancourt Barnes; *Council*, Drs. Lombe Attwell (Dublin), Barton (Edinburgh), Carter, Sinclair Coghill (Ventnor), Halliday Croom (Edinburgh), Grigg, B. Hart, Hayes, More Madden (Dublin), Mr. Thomas Nunn, Mr. H. A. Reeves, Dr. Lloyd Roberts (Manchester), Dr. Savage (Birmingham), Mr. Noble Smith, Dr. R. T. Smith, Mr. Paul Swain (Plymouth), Dr. Thorburn (Manchester), Dr. Walter (Manchester), Mr. Vincent Jackson (Wolverhampton), Dr. Sheen (Cardiff), Dr. Wallace (Liverpool), Mr. Burton (Liverpool), Dr. R. D. Purefoy (Dublin).

As might have been anticipated—as the result of recent advances in operative surgery, the anti-vivisection party are in terror lest they shall lose the little hold they still retain over the unthinking multitude. They have, therefore, been endeavouring to excite a fresh crusade against science, but with the most indifferent success, and in some instances at the expense of their own personal discomfiture. One of the fraternity, a Mr. William Gilbert, has done the historical agitation small service by invoking to his aid the statements contained in an old edition of Erichsen's Surgery. The letter containing the excerpt, published in the *Times* of Tuesday last, was promptly answered by Mr. Erichsen, who, in reply to Mr. Gilbert's statement to the effect that Mr. Erichsen had said that "no improvement has taken place in hospital mortality for 40 years," explains: "It is but right to state that the work whence the quotation is taken was published nearly 11 years ago. Whatever may have been the value of that statement then, it is most certainly no longer correct." Let us hope this is the last we shall hear of Mr. Erichsen's unfortunate opinions.

On Tuesday next, January 6, the quarterly general meeting of the Society for the Cure and Study of Inebriety will be held in the Rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, at 4 p.m., when Mr. Lennox Browne, F.R.C.S.Ed., will read a paper on "Inebriety as Affecting the Vocal and Respiratory Organs." The influences exerted by tobacco, as well as alcohol, on the voice will be considered, and Mr. Lennox Browne will communicate the results of a study of 400 enquiries in this connection, conducted among singers and public speakers.

OUR NEW DEPARTURE.

TO-DAY THE HOSPITAL GAZETTE AND STUDENT'S JOURNAL enters upon the thirteenth year of its existence, and we think the time opportune to in-

augurate one or two changes which we have long contemplated making, *i.e.*, the transposition of the title of the journal, and an enlargement in the size of the page to make it uniform with the other leading medical journals.

The imperative necessity of the transposition of the title of the journal has been forced upon us by the numerous misunderstandings which take place on the part of authors and publishers as to the class of students for whom we write. At one time we receive papers for publication suitable for art students, at another a valuable essay intended for students of theology, and yet again another which would be highly instructive to the veterinary or agricultural student. By transposing the title any misunderstanding as to the medical character of the journal will be impossible; whilst it will indicate more accurately the fact that our columns are specially devoted to the discussion of all questions relating to hospitals, their work and management, and more particularly to those in which students are educated and trained for the practice of medicine.

Except that we shall devote more space to the record of the medical and surgical work of our leading hospitals, there will be no alteration whatever in the contents of the journal. The chief portion of our columns will still be devoted to papers of an instructive character written by talented members of the profession, and to the publication of examination papers, whilst our editorial columns and those devoted to "Notes by the Way," will record the chief current events of the medical world.

It will be noticed that we have, as before stated, enlarged the size of the GAZETTE, but we must caution our readers not to expect us to give a sixteen page journal every week. Hitherto we have always given our subscribers sixteen pages at least for their penny, and occasionally twenty or twenty-four pages, often, we might add, at considerable pecuniary loss to ourselves. In future we intend to regulate the size of the journal in accordance with the amount of support we receive from our contributors, subscribers and advertisers. When a large quantity of news and correspondence, together with a proportionate number of advertisements, is sent for publication, we shall give sixteen or more pages; but during vacations, or when news and correspondence are scarce, we shall ask our subscribers to be content with an eight or twelve page journal. We hope, however, that this will occur only at rare intervals, as the recent large increase in the number of our contributors and subscribers warrants the belief that a great and prosperous future is before us.

We must not conclude this address to our friends and supporters without acknowledging with gratitude the kind and gratuitous services of our local secretaries, who, by keeping us supplied with reports of passing events at the various hospitals and colleges, have contributed so largely to the success of the GAZETTE during the past twelve years. We trust we shall continue to receive their kind and generous help in making the GAZETTE more successful than it has ever been; and in conclusion beg to wish them and all our contributors and supporters A HAPPY AND PROSPEROUS NEW YEAR.

THE INDIAN CHOLERA COMMISSION.

THE following report which has just been published will be read with the greatest interest by the profession throughout the United Kingdom, as well as on the Continent:—

From Drs. E. Klein and Heneage Gibbes to the Surgeon-General and Sanitary Commissioner with the Government of India.

We have the honour to report that the investigations which we have hitherto carried on in Bombay and Calcutta, have yielded the following results:—

1. The statement of Koch that "comma bacilli" are present only in the intestines of persons suffering from or dead of cholera is not in accordance with the facts, since "comma bacilli" occur also in other diseases of the intestines, *e.g.*, epidemic diarrhoea, dysentery, and in intestinal catarrh associated with phthisis.

2. The "comma bacilli" in acute typical cases of cholera are by no means present in such numbers and with such frequency as to justify Koch's statement that "the ileum contains almost a pure cultivation of comma bacilli."

3. The "comma bacilli" are not present in the tissue of the intestine or elsewhere.

4. The "comma bacilli" in artificial cultivations, carried out by one of us (E. K.), do not behave in any way differently from other putrefactive organisms.

5. Mucus-flakes of the ileum, taken out soon after death from typical acute cholera, contain numerous mucus-corpuscles, many of them filled with peculiar minute straight bacilli. The same bacilli occur also outside the mucus-corpuscles. They are never missed even when the "comma bacilli" are.

6. These small bacilli have been cultivated by one of us (E. K.), and they do not behave differently from putrefactive organisms.

These small bacilli are not present in the tissues of the intestine or any other tissue.

7. No bacteria of any kind, and no organisms of known form and character, occur in the blood or any other tissue.

8. A good many experiments have been carried out by one of us (E. K.), with the following results:—

(a) Mice, rats, cats, and monkeys were fed with rice-water stools, with vomit, with mucus-flakes of the ileum, fresh and after having been kept for twenty-four to forty-eight hours. The animals remained normal.

(b) Inoculations with recent and old cultivations of "comma bacilli," and the small straight bacilli, as well as with mucus-flakes, were made into the subcutaneous tissue, into the peritoneal cavity, into the jugular vein, and into the cavity of the small and large intestine of rabbits, cats, and monkeys; but the animal remained perfectly well and normal.

9. The material which we have had hitherto at our disposal has been very good and abundant, and, as far as the microscopic work goes, we do not think we shall require any more material.

We therefore propose concluding our inquiry by the beginning of December, and hope soon after to return to England.

University, College, and Hospital Intelligence.

GUY'S HOSPITAL.

CHRISTMAS IN THE WARDS.—On Christmas Day the wards presented a pleasing contrast to the common notions of intense suffering with which hospitals like Guy's are associated in the public mind. The large number of patients in the 20 or so surgical and medical wards, with but a few exceptions, appeared to have caught the joyous infection of the Christmas season, and the happy countenances of old and young alike was a source of gratification to a company of ladies and gentlemen, who, with Dr. Steel, the medical superintendent, made a perambulation of the old and new wings of the institution. At the dinner-hour roast beef and plum pudding, and in one or two wards roast turkey, was served out to all whose condition would permit of it. After dinner the male patients were allowed the luxury of a pipe, Christmas Day being the only day in the year when this privilege is allowed. The children were all plentifully supplied with books and toys sent by *Truth*, and in many wards the gigantic Christmas trees, well laden with toys, were stripped and distributed in the latter part of the day. In all the wards for the past fortnight patients, nurses, dressers, and the surgeons and doctors attached, have thrown in their joint efforts to produce the best effects in decorations. Many hundreds of Chinese lanterns were suspended from side to side, and festoons of holly and evergreens, with flags of all nations (chiefly of hospital manufacture), were also displayed. In Charity ward a large quantity of exquisite real flowers had been sent by a lady at Nice, through the post, and arrived perfectly safe, and wonderfully fresh. In other wards special gifts for the use of the patients were also received. By the kindness of the Religious Tract Society, every patient was presented with a packet of Christmas cards in the morning. A very large wooden horse and cart, available for the convalescent children to ride about in, was sent specially by the proprietors of *Truth*. Cake, wine, and fruit were distributed in the wards in the afternoon, and in the evening the whole hospital presented quite a gay aspect when the Chinese lanterns were lighted up, the wards being further enlivened by music and song, in which nurses, students, and others took part.

ST. THOMAS'S HOSPITAL.

CHRISTMAS CHEER.—As usual, the Christmas festivities of St. Thomas's Hospital were admirably carried out. Seldom, if ever, were the wards so beautifully decorated as they were on Christmas Day, and the patients appeared thoroughly to enjoy the fare that was amply provided. The walls of the Victoria Ward presented a grand appearance, and the children lying in that ward appeared to enjoy their Christmas dinner, consisting of roast beef and plum pudding. Precisely at one o'clock, Mr. Walker, the steward gave the order to serve up the Christmas fare, which consisted of over 150lb. of sirloins of beef, after which the children partook of Christmas pudding, weighing 500lb. At the conclusion of dinner, Alderman Stone, accompanied by the Rev. Mr. Mills, the steward, and the matron, visited the Victoria Ward, and Mrs. Wardroper presented to the children a quantity of toys and suitable books and cards. The children were also entertained by the students. In the afternoon the institution was visited by a number of the friends of the patients, and in the evening the probationary nurses sang carols in the various wards.

CHARING CROSS HOSPITAL.

CHRISTMAS ENTERTAINMENT.—Having been suddenly called to the country to attend a consultation, the gentleman who was deputed to respond to the kind invitation of the Entertainment Committee was unfortunately prevented from witnessing the histrionic performances of the Charing Cross students. We, therefore, present the subjoined criticism, for which we are indebted to a dramatic contemporary:—On Friday the students of Charing Cross Hospital, after having received their prizes at Chandos Street, came round to Toole's and gave a *matinée* to commemorate the jubilee of their medical school. They played three pieces, one of which was new.

This was a two-act comediotta, called "An Heiress and her Suitors," and had been written expressly for the Students' Club by Julius Pollock. It was a weak and commonplace production, with hardly enough plot in it for one act, let alone two. The story shows how a young ward is beloved by several people all at once, one of them being an old admiral, who pretends to go blind, and indulges in all manner of burlesque business in order to find out the true state of affairs. Mock blindness, however, is not, I take it, good farcical business. Eventually it is discovered that the heiress's stern and solid guardian—a man of thirty odd—is her real lover, and everybody is astonished accordingly. The guardian was played very heavily by Mr. A. E. Reade, and whenever he clasped his true love's hand, you could tell he was a doctor; it was just as though he were feeling her pulse. This suitor caused some sensation by telling his lady love that he did not want her but her money, and then coolly correcting himself, amidst much laughter. Mr. James Cantlie was bluff and hearty as the admiral, but a bit too extravagant, and Mr. H. H. Holker was lively, but too restless, as a boy lover. Mr. Rorri Fletcher, who seems to be the handy man of the company, did very well as a lordly masher, and Mrs. Lippincott and Bolton were pleasing as the heiress and her aunt. The other two pieces were Maddison Morton's lively little play, "Our Wife," and R. B. Peake's five-scene farce, "Comfortable Lodgings." Mr. Rorri Fletcher was to the fore in these as the Marquis de Ligny and Sir Hippington Miff respectively. He hath a good delivery, and a quaint and earnest manner. Other parts were fairly well sustained, for amateurs, by Messrs. Cantlie, Davey, Lee-Huzzey, and G. Barton. Mr. A. Bolton, who played a rascally lieutenant in the last piece, suited the action to the word too much. He had evidently heard Herbert Standing give that "Winter of Our Discontent" speech. Mrs. W. Vincent acted gracefully in the last farce, but it was not good form to cast a man for the Aunt, although Mr. H. H. Holker played it without any trace of vulgarity. The Charing Cross students are evidently not strong in poets, to judge from the "piece" which was spoken at the end of "Our Wife." This was not only written in the butter-woman's rank to market sort of metre, but had some novel rhymes—such as "jubilee" and "play," "four" and "hour," "research" and "march," "charm" and "term," "come" and "sun," "mourn" and "gone," "Smith" and "Death," and, above all, "advice" and "experience." Its faults of rhyme and rhythm were not improved by the manner in which Cantlie delivered the oration. He rattled away rapidly, at quite an express train speed. All the personal references were received with uproarious enthusiasm.

UNIVERSITY COLLEGE HOSPITAL.

CHRISTMAS TREAT TO PATIENTS.—The North London or University College Hospital presented on the occasion of the annual Christmas "treat" to the patients an animated appearance, planned and carried out by the sisters connected with the hospital, aided by the medical officers of the institution. The hospital is a large one, containing over 200 beds, and comprising wards for men, women, and children, and every ward was prettily decorated, while special wards were arranged for the reception of the patients who were able to take part in the amusements provided. A gigantic Christmas tree, generously hung with toys, formed for every one, but especially the little inmates, a great attraction. Among the features of the evening were a magic lantern entertainment, which had been arranged for by two neighbouring residents, Messrs. Ash and Edwards, and a concert, rendered by the "Strolling Players." Within the past year, 27,894 patients have been relieved by the hospital, at a cost of £19,000, of which only £6,000 was a reliable income from dividends and annual subscriptions. Stock has already had to be sold.

THE LONDON HOSPITAL.

CHILDREN'S FESTIVAL.—The two wings of the Grocers' Company wards at the London Hospital, in the Whitechapel Road, opened some five years ago by the Queen, were brilliantly illuminated on Tuesday afternoon on the occasion of the annual treat to the children in those wards of the institution. Thanks to the efforts of the sisters who conduct the nursing arrangements, aided by the money and the other contributions of

friends of the institution, there were too enormous Christmas trees, liberally bedecked with dolls and toys of every description. A vast number of toys were needed to supply the large number of child patients, for the number of beds for children in the London Hospital represents the largest number set aside for that purpose in any similar institution. The governing body of the hospital cannot themselves afford to provide the highly desirable Christmas entertainment, for with a settled income of only £14,000 a year the annual expenses exceeds £47,000. Liberal contributions, however, have been forthcoming, and a prominent supporter is Mr. Leopold de Rothschild, in connexion with whose name it may be mentioned that the London Hospital is the only one where a special ward is set aside for the accommodation of members of the Jewish community. The wards rang with the delighted cries of the youngsters, who alternately bestowed their attention upon their toys and the oranges and cakes which were distributed to them. The sight was a pleasing one to the numerous company assembled, and helped to banish for a little time the remembrance of the painful causes which had brought the children together under one roof. The toys were distributed to the children by the students of the hospital, under the direction of Mr. W. J. Nixon, the house governor, assisted by the matron of the hospital.

BROMPTON HOSPITAL.

CHRISTMAS ENTERTAINMENT.—For the last eighteen years it has been the custom of the managers of the Brompton Consumption Hospital to encourage the organisation of weekly entertainments for the amusement of the patients, from the beginning of November to the middle of April. These entertainments, produced under the immediate superintendence of the secretary, Mr. Henry Dobbin, the resident and assistant surgeons, and the matron, consist of musical, dramatic, and general performances, to the execution of which not only amateurs, but, at times, eminent professionals, contribute their services. On Tuesday evening last there was a distribution of gifts to the inmates from two enormous Christmas trees, erected in the concert room of the new building, which were laden with presents by the Misses Heddy, of Redcliffe Gardens, South Kensington, and other ladies. The body of the hall was filled with some three hundred patients of all ages, from infancy to old age; and the appearance which they presented was a practical commentary upon the insidious and treacherous character of that disease for which they were under treatment. The lady visitors and doctors plucked the presents from the trees and presented them to those whose names they bore; and to the bedridden confined to the wards similar messages of sympathy were conveyed by kindly hands. In the concert room itself the proceedings were, very properly, of short duration, and the addresses brief and pithy, including acknowledgments to the lady donors and of the kindness of the officers of the hospital.

CAMBRIDGE UNIVERSITY.

EXAMINATIONS FOR MEDICAL AND SURGICAL DEGREES, MICHAELMAS TERM, 1884.—The following gentlemen passed the First Examination for the Degree of Bachelor of Medicine.—*Chemistry and Physics.*—Examined and Approved.—Messrs. H. K. Anderson, Anson, Carling, Colbeck, Collins, Crosse, Crosskey, Duigan, Earl, Gamble, Gott, Grabham, Hardy, Lazarus, Low, Melsome, Nix, Peat, Reeves, Russell, Shaw, Shephard, H. E. Smith, Smithson, Stabb, Stokes, Usher, Wakefield, Wilkes, Williams, Wingfield, Young.—W. N. Shaw, Arthur Schuster, Alexander Scott, M. M. Pattison Muir, Examiners.

Elementary Biology.—Examined and Approved.—Messrs. Adams, C. H. Cayley, Chaplin, Cobbett, Crosby, Crosse, Day, W. C. Devereux, Eccles, Elmore, Gamble, Hill, Low, Low, Melsome, Metcalfe, Molson, Peat, Russell, Smithson, Walker, Wild, H. Williamson, Wingfield.—A. Milnes Marshall, Francis Darwin, A. Sedgwick, H. Marshall Ward, Examiners.

Animal Biology.—Examined and Approved.—Adami, A. H. Barker, Barnett, Bratton, Brodie, Bromhead, Case, W. Clarke, Courtney, Daggett, Dickson, Drabble, Edwards, Fyfe, Goulston, Graves, F. P. Haviland, Hicks, Hicks, Jaques, Johnson, Kerr, Rendel, Ronald, Scott, Shaw, Stanley, Taylor, Trevithick, Tuppen, White, Wickham, A. S. Wilson.—A. Milnes Marshall, A. Sedgwick, Examiners.

The following gentlemen also passed their Examination for the Degree of Bachelor of Surgery.—Examined and Approved.—Messrs. Pigzott, Shaw, Street, Ritchie, G. M. Humphry, N. Davies-Cooley.

[illegible]

DR. H. ASHLEY HUSBAND, Edinburgh; Dr. Mayberry.

London; Dr. Armand Semple, London; Mr. Anwyl-Butter, Blackpool; Mr. F. D. Aakey, Highgate; Mr. Robson, Newcastle-on-Tyne; Dr. W. P. Mears, University of Durham; Dr. Payne, Ashton-under-Lyne; Secretary, Society for Study and Cure of Inebriety; Mr. C. Reeder, Grantham; Mr. C. B. Meller, Newport; Mr. G. Bray, Blackheath; Mr. Smithers, London.

BOOKS, PAPERS, &c., RECEIVED.—Nature's Hygiene, by C. T. Kingzett, F.C.S., 2nd edition (Baillière, Tindall, and Cox)—Practical Pathology, by J. Sims Woodhead, M.D., 2nd edition (Edinburgh: Young and Pentland)—Pharmacopoeia of the British Skin Hospital, 3rd edition (J. and A. Churchill)—The Ambulance Movement in Scotland, by James Whitson, M.D. (Edinburgh: Oliver and Boyd).

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—21 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

West's Guide to the Examination of the Chest, 3s., post free.
Muter's Pharmaceutical Chemistry, 4s., post free. £20
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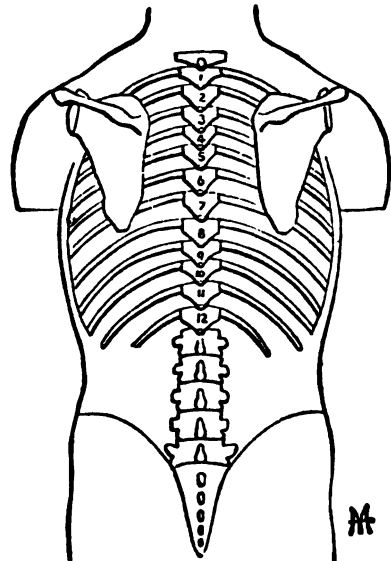
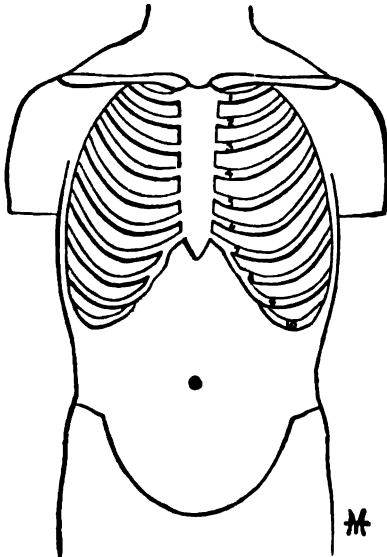
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MEDICAL DEPARTMENT, WAR OFFICE.

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AN EXAMINATION OF CANDIDATES for Thirty-two Commissions in the Medical Staff of Her Majesty's Army will be held at the London University, Burlington Gardens (by permission of the Senate) on the 9th of February next and following days, at 10 o'clock a.m.

1. Candidates having two qualifications, one to practice Medicine, and the other Surgery, under the Medical Act, and who are not under 21 nor above 28 years of age at the date of the London Examination are eligible to attend.

2. Application for admission to the Examination should be made in writing, without delay, to the Director General, Medical Department, War Office, 6, Whitehall Yard, London, S.W., by whom a printed Schedule containing further particulars will be furnished.

(Signed) T. CRAWFORD, M.D.,
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Notes by the May.

THE authorities at Charing Cross Hospital and the deputy-coroner for Westminster, Mr. Hicks, do not seem to have worked together very harmoniously of late, and last week matters came to a climax. A few days ago a police constable took the corpse of a man who had been found dead in the street to Charing Cross Hospital, and, as is customary, was about to search the body when the hospital porter put his veto upon any such procedure, and further objected to the coroner's officer making a search on his arrival on the scene shortly after. The coroner was naturally indignant at his officer being set at defiance, and sent for the warden of the hospital, Rev. Mr. Westthorp, who, however, instead of apologising, said that the hospital porter was simply carrying out his instructions. Finding it was of no use to talk to the warden, the coroner threatened to turn Mr. Westthorp out of the court, and then brought the inquiry to a conclusion.

MR. LENNOX BROWNE's paper read before the Society for the Study of Inebriety, on Tuesday evening, does not appear to have been impressed the editor of the *Evening Standard* very deeply, for he remarks:—"In all probability, the list of non-abstainers includes the best singers, and this supposition is based on the known fact that many of the best singers the world ever knew took alcohol. No tenor has preserved his voice during the present generation as Mr. Sims Reeves has done, and he makes moderate use of stimulants. The excessive use of alcohol would doubtless destroy a delicate voice in a few years; yet Incledon, who had one of the most beautiful organs ever heard, was an habitual drunkard. Mr. Browne's figures appear to be valueless." Mr. Browne has certainly not scored a great success by his painstaking enquiry, but no doubt he will try again.

At the Birmingham Police-court, on Wednesday, Ferdinand Poncia, surgeon, of 41, Warstone-lane, was again summoned for keeping an ill-governed and disorderly house. Some time ago the defendant was committed for trial at the Sessions on the same charge, but although the jury at the Sessions returned a true bill the indictment was quashed in consequence of the jury failing to endorse the indictment as required by law. Several fresh witnesses were called for the prosecution, who said that the disturbances which had taken place near the defendant's house were a great nuisance to the neighbourhood, and that the house was the habitual resort of drunken men and women of ill fame. The defendant was again committed for trial at the Sessions.—[Is not this a case for consideration by the Council of the College of Surgeons? Surely the presiding genius of a disorderly house is not a proper person to remain on the Register.]

I AM sorry to hear that some members of the medical profession, of Irish extraction, now practising in London, are strongly suspected of being concerned

in the atrocious dynamite outrages which have scared the lovers of peace and order for some time past. Some of them, who practise chiefly among the Irish in the poorer parts of the metropolis, are, I am told, watched by detectives wherever they go after dark. That the wretches who concoct these outrages are assisted by men well versed in chemical and scientific knowledge there can be no doubt whatever, but I trust, for the sake of the profession, that no doctor in the United Kingdom is connected with the dynamitards. No doubt many Irish doctors actively sympathise with the Home Rule movement, and will do all they can to restore Irish independence. When last in Ireland I was surprised to find many local doctors warmly espousing the Home Rule cause. I wonder whether those who claim Ireland for the Irish would permit Englishmen to keep England to themselves? Certainly Englishmen would have little cause for grief if the Irish were allowed to have their desire on this condition. There are hundreds of Irish doctors, holding splendid appointments under Government, who would be simply starving if compelled to pick up a livelihood in the Green Isle. The same may be said of all the public departments, where it is notorious that to be a good Irishman is a ready passport to the most lucrative posts. Let Irishmen govern themselves and the revenue of the country would be sorely strained to meet the pensions of the superannuated Irishmen of the Civil Service and Post Office departments, to say nothing of other branches of public administration.

A DEPUTATION from the Association of Members of the Royal College of Surgeons of England were received by the President and Vice-Presidents of the College yesterday week, when they presented the demands of the Association for the following reforms:—1. That the Council shall consist of 25 Members, including the President, the Fellows to elect 18 and the Members 12, who shall be either Fellows or Members. That the President be elected by the Council from among their number. 2. Voting to be personally at the College and by voting papers, to be sent to each Fellow and Member resident in the United Kingdom. 3. That there shall be an election every three years, and that the Members may be eligible for re-election for a further term of three years. No Member of the Council, who has served for six years, to be eligible for re-election until after he has vacated his seat for three years. If this is granted the change in the governing power of the College will be very marked, and we may hope that the interests of the Members of the College will receive greater consideration than they have in years gone by.

DURING the interview the spokesmen of the deputation, Dr. Collom, Messrs. J. Smith, G. Brown, J. B. James, and W. Outhwaite, assured the President that the Association would not cease agitating until the Members had direct representation on the Council, and would do all they could to obstruct the College in getting a new Charter, unless it contained satisfactory provisions as to the representation of Members on the Council. **PERIPATETICUS.**

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THE ESSENTIALS OF TOXICOLOGY.

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(Continued from Vol. xii., page 492.)

MINERAL POISONS.

THE HALOID ELEMENTS (CHLORINE, BROMINE, IODINE, FLUORINE).

CHLORINE, Cl.

Symptoms of Poisoning.—This gas produces, even when it is largely diluted by air, considerable inflammatory action upon the eyes, the air passages, and the lungs. Persons, however, who are accustomed to inhale chlorine are enabled to breathe a remarkable amount with impunity. It is stated that those who are constantly at work in an atmosphere of chlorine never get fat, or if they are fat when they commence the work they soon become thin. Exposure to chlorine vapour does not appear, however, to shorten life.

When chlorine is injected into the jugular veins life is destroyed rapidly, and after death the blood is found fluid and dark coloured. Tidy states that one part in 200 will kill a sparrow in five minutes. The symptoms of poisoning by chlorine are immediate irritation of the epiglottis, windpipe, and bronchial tubes, tightness and oppression at the chest, dysphagia, and dyspnoea, severe sneezing, swelling of the face and protrusion of the eyes.

Treatment of Poisoning.—The sufferer should be brought into fresh air, and made to breathe ammonia, ether-vapour, or very diluted sulphuretted hydrogen. Inhalation of steam is also serviceable.

Tests.—The colour, odour, and bleaching properties.

HYPOCHLOROUS ACID. HClO .

Hypochlorite of soda or chlorinated soda has caused death, the symptoms being a peculiar odour exhaled from the breath, vomiting and intestinal irritation.

BROMINE.

Symptoms of Poisoning.—In a case which proved fatal from taking one ounce of bromine upon an empty stomach, there was immediate difficulty of breathing, accompanied with intense pain in the stomach, great anxiety, with trembling of the hands and rapid pulse. The vapour, which is emitted at ordinary temperatures, is extremely irritating to the eyes and the lungs, exciting a sort of catarrh.

When bromine is administered internally it becomes rapidly converted into hydrobromic acid.

Post-mortem Appearances.—The stomach has been found externally injected, and internally coated by a thick black layer, the mucous membrane being intensely inflamed. The viscera in the vicinity of the stomach were of a deep yellow colour, the peritoneal coats of the stomach and duodenum injected. The odour of bromine has been detected in the stomach contents.

Mode of Extraction from the Stomach.—The colour, odour, and peculiar fumes are characteristic of bromine in the free state, but the mode of proceeding to extract it from organic fluids is the following:—The contents of the stomach should be filtered, and a little chlorine-water added to the filtrate. The whole should be shaken in a flask with ether, and the mixture allowed to stand for the ether to separate, which, supposing bromine to be present, will have acquired a yellow or reddish colour. Decantation must now be performed, and after adding a few drops of solution of potash, the fluid should be evaporated and the ether preserved. The bromine remaining in the flask should be dissolved in water, and again liberated by adding a little chlorine water. Upon adding a few drops of starch water, the orange bromide of starch will be instantly developed.

IODINE. I.

Symptoms of Poisoning.—Iodine acts as an irritant and corrosive poison. There are immediate heat and pain in the throat and abdomen, with purging and vomiting. The vomit is probably of a brown or yellow colour, perhaps bloody. The stools often contain blood. Giddiness and fainting, with headache and convulsive movements are not infrequent.

Chronic or secondary effects are produced when iodine is applied externally, or given internally in small doses, producing the condition known as iodism. The manifestations are general irritability of the alimentary canal and indigestion, constant vomiting, purging and pain in the stomach, enlarged liver, cramps and palpitation. Salivation, increase of all the secretions, general wasting of the body, and specially absorption of the breast in the female, and the testicles in the male, are stated to be ordinary symptoms.

After a mere medicinal dose, iodine may be found in the milk, sweat, blood, urine, and saliva. It will be found in the urine after forty minutes, and may not disappear for five days. The iodine is then present in the form of hydriodic acid.

Treatment.—Vomiting should be induced by emetics; farinaceous foods should be subsequently administered.

Post-mortem Appearances.—Those of an irritant corrosive poison: the enlargement and congestion of the liver seem constant. The brain is usually congested, the lungs normal; little yellow ulcers have been found by Orfila in the stomach of dogs.

Quantity required to destroy life.—(Variable). Bad effects have resulted from taking $\frac{1}{2}$ Grain three times a day for a week, and death has resulted from 20 grains of iodine, whereas recovery is recorded after a drachm and a half has been taken.

Period at which Death takes place.—Usually within 30 hours after taking the poison.

Mode of Extraction from the Stomach.—The contents of the stomach must be filtered, and should the filtrate be colourless and clear, the iodine may be tested for at once by adding some starch solution, a

blue colour appearing if iodine is present. If the filtrate is too dark coloured to allow the immediate application of the starch, it should be shaken with its own bulk of ether, and after the ether has separated, the ethereal solution should be decanted and tested for iodine.

IODIDE OF POTASSIUM. KI.

Very small doses of this salt, even 5 grains, have produced serious effects in persons peculiarly susceptible to its influence; and, on the other hand, some individuals have taken drachm doses with impunity. Salivation has been observed on several occasions. The general symptoms are those of severe catarrh. Sometimes violent pains in the abdomen, with vomiting and purging, have been noticed. In some instances an eruption resembling small-pox has been produced by medicinal doses.

Mode of Extraction from the Stomach.—Sulphuretted hydrogen should be passed through the mixture to transform any free iodine into hydriodic acid. The mixture should be heated gently to expel any excess of the gas, and excess of potash added; it should then be filtered, and evaporated to dryness. The residue is then charred in a covered crucible, powdered, heated with water, and filtered. It is then evaporated to a small bulk and chlorine added, to set the iodine free, and then upon the addition of a little starch, the characteristic blue colour will appear.

(To be continued.)

Lectures.

INAUGURAL ADDRESS DELIVERED TO THE UNIVERSITY OF DURHAM MEDICAL SOCIETY BY THE PRESIDENT, DR. ARNISON.

(Continued from page 4.)

In Lithotripsy a great advance has been made within the last three or four years, chiefly through the work of the American surgeon, Bigelow. Up to that time the plan was to crush the stone and leave the fragments to be passed with the urine, a process which of necessity occupied some time, and in almost every case required several "sittings" before all the fragments were crushed small enough to pass, the patient all the time carrying in his bladder a quantity of angular fragments, which might at any time set up cystitis. Bigelow, by the employment of large catheters and an exhausting syringe, was able often to empty the bladder at one single sitting. By this means stones of much larger size than formerly are brought within the operation of the lithotrite, and the patient is relieved of his trouble almost as expeditiously as by lithotomy, and at the same time escapes the dangers which attend that operation.

How many deformed and wretched cripples, waddling their weary way through life, have to thank modern surgical progress for lifting them almost out the mire, and putting them on a level with their fellows. Ogston's idea of cutting off the inner condyle of the femur in aggravated knock-knees, and sliding it up to be united at a higher level, seemed like the happy thought of inspired genius; unfortunately the results were not often satisfactory, and were sometimes disastrous, and he himself has now abandoned it for the method of cutting through the femur above the condyles, introduced by another Scottish surgeon, McEwen of Glasgow, who has done the operation some hundreds of times. We have now done McEwen's operation many times in our Infirmary. The results have been in every case improvement, in the great majority the removal of the deformity, in no case disaster. Few things afford more satisfaction to the surgeon than to

admit a patient, laboriously straddling along with his feet half-a-yard apart, and to send him away with straight legs and three inches added to his height.

Nerve stretching is a thing of yesterday, whether done by cutting down upon the nerve and lifting it out of its bed, or by the bloodless method as applied to the sciatic nerve. What the future of this operation may be we are scarcely in a position to say, and I don't think anyone can explain its action, but in several cases in which it has been employed great benefit has resulted; in fact I give to it great part of the credit of the recovery of one patient of my own from tetanus, reported in *The British Medical Journal* in September, 1883.

You who know ovariectomy as an every day operation, and one which probably you have all seen repeatedly, may wonder when I tell you that during my four years residence in the Infirmary as a student, I never saw the operation—never even heard it discussed as a possibility. If you want to know something of the early history of the operation, read the address by Sir Spencer Wells to the Midland Medical Society, the first part of which appears in *The British Medical Journal* of last Saturday (November 8th, 1884.) In the face of obloquy and opposition of all kinds the pioneers of the operation struggled on; and remember it was not mere captious and ill-natured opposition, for the mortality in the early days of the revival of the operation was so great, that at least one eminent surgeon, not many years dead, said, "that the man who performed ovariectomy should be put on his trial for murder." Still they persevered; a few recoveries cheered them on, errors were noted, mistaken ideas corrected, one improvement followed another, with the result that ovariectomy now ranks as one of the most successful of the great operations of surgery; and that a woman who, so lately as 20 years ago, had nothing to look forward to but a few years of suffering and a lingering death, may fairly hope to be restored to health, and family, and home. It is some years since one of the judges of the land calculated that Sir Spencer Wells alone, by his own operations, had added twenty thousand years to human life; he has added a long list to his successful cases since then; and when you think of Keith, and Thornton, and Bantock, and Tait, and others in our own country, and men in every country of the civilized world, counting their successful cases by scores and hundreds, the sum total added to human life by this one operation must be reckoned by hundreds of thousands of years.

I have spoken of ovariectomy, but the whole domain of abdominal surgery is the conquest of the last few years, the outcome, I believe, of ovariectomy, for it is chiefly through the success of that operation that surgeons learnt how much could be done within the peritoneal cavity. Twenty-five years ago the peritoneum was regarded as a thing to be severely let alone. Touch not, handle not, was about the sum and substance of the teaching regarding it; but now, how all that is changed. Gastrostomy is not as yet in much favour, but is a recognized operation. Portions of the digestive canal have been cut away and its continuity restored. The gall bladder has been opened and emptied. The spleen has been excised. The uterus and its appendages have been cut away. The mortality has been great no doubt, but not greater than the mortality in the early days of ovariectomy, and we must not forget that the diseases for which these operations were performed, were bound to be fatal at no distant day. Renal surgery again is but a few years old, but is a youth of very sturdy growth and great promise. The kidney has not only been cut down upon for the removal of a stone, or the discharge of an abscess, but has now many times been successfully removed.

Lastly, I would refer to what I have called bacterial Pathology. Many of the diseases which make a great part of our work, were altogether beyond our comprehension; we knew their times and seasons, their coming and going. We had advanced so far that we knew something of the causes from which they sprung, and we knew that some of them, by careful removal of those causes, could be prevented. The very term "Zymotic," applied to those diseases, indicated a belief that something like a ferment was at work, attended by rapid growth and multiplication of itself, but there our knowledge stopped. All we knew was that there was something about them we did not know, and therefore we were not content. It may be that light is breaking, and the darkness about to clear away, and if the labours of Burdon Sanderson (a native I may tell you of this town), of Koch, Pasteur, and others, should result in prov-

ing that these diseases are caused by the introduction into, and multiplication within, the body of a vegetable micro-organism, each one having its own species, which may be described and classified like the fungi of the fields, who can foresee the end of such a discovery! To find the cause is half the remedy. Is it too daring a flight of fancy to suppose that the science which has discovered the evil may also find the means of destroying it, and that, through its agency, a period, to which the thousand of years added by ovariotomy are as nothing, may be added to the life of mankind?

Need I say more, gentlemen, to prove to you, what you already know, that the profession you have chosen is not an idle one, that the science you study does not stand still. And truly the need is great that it should be ever advancing. Rich as are the fruits already gathered in, the fields are ever white for further harvests. Look only at the cancers and sarcomas, what a field is there to be won. Surely we may venture to anticipate a time, possibly in the not distant future, when even these shall cease to be the dire scourges of our race that they are to-day; when we shall be able to arrest malignant growth, and turn errant growth into normal channels, and when even ovariotomy itself, that great triumph of our day, shall be rendered in all but a few cases unnecessary.

Here, then, is work for you. You are entering into the labours of others, with all the advantages of starting from the point they have reached. Is it too much to hope that many of you whom I see around me will not be content to stand by as mere spectators, but will put your own hands to the plough, and throw yourselves into the work heart and soul, and that the names of some of you may one day occupy a worthy place on the roll of fame, beside the names of those great ornaments of our profession and benefactors of mankind, who have left a mark on the history and literature of our art that time itself will not efface?

FINS.

NOTICE.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, JANUARY 10, 1885.

EDITORIAL AND PERSONAL.

We greatly regret to hear of the death of Professor William Darling, F.R.C.S., which event took place recently in the University of New York, where he occupied the Professor's Chair of Anatomy. Dr. Darling received his professional education in the University of Edinburgh. Coming to this country he became a member of the Royal College of Surgeons of England in November, 1856, and late in life passed the severe examination for the Fellowship of the College, just ten years after. He was the author of "Anatomography and Essentials of Anatomy," and edited Professor Draper's works. Dr. Darling, who was a genial friend and companion, was an annual visitor to this metropolis, much of his time being spent in medical and surgical institutions. We are proud to say that Professor Darling was a constant reader and warm admirer of the HOSPITAL GAZETTE, and occasionally, when in London, he contributed valuable papers to our

columns. Through his death we have lost a friend who has done much to make the HOSPITAL GAZETTE known to our professional confrères in the United States.

In a classified Directory to the Metropolitan Charities, compiled by Mr. W. F. Howe, some interesting statistics of the approximate income of these institutions for 1883-4 are given. From these it appears that a total of 1,013 charitable institutions in London enjoy an income of £4,447,436. There are four Bible and 14 book and tract societies, which possess between them an income of £288,981, while 92 home and foreign missions have a revenue of £1,572,599. Six church and chapel building funds have an income of £31,483, while 46 charities for the blind, deaf and dumb, incurables, and idiots enjoy between them £160,451 a year. The 17 general hospitals in London have an income of £341,896, and the 73 special hospitals make up, with the former, a revenue for the London hospitals of £601,433. Dispensaries and convalescent institutions are credited with an income of £95,236.

At the Huntingdonshire Quarter Sessions, the chairman, Mr. P. Tilland, brought under the notice of the Court an alarming outbreak of smallpox at the Three Counties Asylum, at Arlesey. The total number of cases was 54, and there had been 14 deaths. The victims were all women. The outbreak could not be accounted for, the first victim of the disease being a woman who had been an inmate of the asylum between two and three years. The disease was of a very virulent character.

THE Prince of Wales and Prince Albert Victor have headed the subscription to provide a permanent memorial to Dr. Paget, Regius Professor of Physic in the University of Cambridge. The Committee have decided that the memorial shall take the form of a marble bust of the Professor, to be placed in the interior of Addenbrooke's Hospital, Cambridge.

WE regret to announce the death of Dr. Herbert Davies, consulting physician to the London Hospital, which took place on Tuesday last. Dr. Davies had been in failing health for some time past, and it was felt on Sunday that but little hope of his recovery could be entertained, and this anticipation was fulfilled, as already stated, only too speedily.

MR. THOMAS MOORE and Mr. Ernest Clarke have been appointed Surgeons to the Miller Memorial Hospital, Greenwich.

In another part of our present issue will be found an interesting document consisting of the report of the committee of representative managers of Board Schools appointed to consider the much disputed subject of overpressure. The conclusions arrived at in this report, as might have been expected from the constitution of the committee, make somewhat light of the universal fears; and without further criticising it at present, it will suffice to point out that on a

purely medical question it is impossible for a lay commission to arrive at any satisfactory result of enquiry.

At a meeting held in the rooms of the Medical Society on Tuesday, Dr. Norman Kerr, in the chair. Mr. Lennox Browne, in a paper on "The Influence of Alcohol in relation to Voice Use," presented an abstract of the testimony of 380 vocalists. Of that number, 101, or 26.58 per cent., claimed to be total abstainers, including some of the most eminent singers in Cathedrals and Chapels Royal. Of the 279 non-abstainers, 65, or 23.25 per cent., took stimulants at meals only, and the same number at the close of the day; 26 or 9.3 per cent. at supper only; 47 or 16.8 per cent. at meals and end of the day. The remaining 66 or 29.9 per cent. acknowledged taking stimulants at all times, according to pleasure and opportunity. As regards taking an intoxicant either immediately before or during use of the voice as an aid to its exercise, 75 per cent. stated that they never did so, and 20 per cent. that they did so more or less habitually. Mr. Browne's opinion was generally against the use of alcohol.

A MEETING of Convocation of the University of London was held on Tuesday evening at the University-buildings, Burlington-gardens, Dr. Storrar in the chair. The report of the committee was adopted. A resolution was passed, on the motion of Dr. Curnow, again urging upon the Senate the desirability of holding the preliminary (M.B.) examination twice a year. A long discussion took place upon a resolution moved by Mr. J. Anstie, Q.C., for the appointment of a special committee to consider the proposals lately published by the Association for Promoting the Establishment of a Teaching University for London. The resolution was agreed to unanimously, and a committee of forty members was appointed. The Convocation then adjourned for a month.

DR. O'NEILL, medical officer of the Athy work-house, was last week bound over to keep the peace towards Mr. Redmond, J.P., one of the *ex officio* guardians, who summoned him for the use of threatening language on the occasion of a declaration by Mr. Redmond of his intention to repeat a visit of inspection which Dr. O'Neill had objected to as being unauthorised. Notice of appeal was given.

AN examination of candidates for thirty-two commissions in the medical staff of Her Majesty's army is announced to be held at the London University on the 9th of February.

THE Queen's permission to Dr. James Andrew Sandiland Green to accept and wear the Insignia of the Third Class of the Order of the Medjidieh, which the Sultan has conferred upon him as a promotion in that order, was signified in the last official *Gazette*.

THERE is, says the *Medical Press*, a wide-spread, if not very articulate, feeling among the students of Edinburgh that clinical teaching in the wards of the Infirmary is not equal to the natural demands of the

students. This does not arise from a want of capacity on the part of the teachers, for no one can deny that the present staff is in every way well competent for the task of imparting sound practical knowledge, but from the fact that the number of students is far in excess of the supply of teachers. The complaint of the students is that they cannot get near the beds, and that no opportunity is given them for becoming practically acquainted with the physical signs of the disease ably discoursed at the bedside, but which, from the number in the class, they are compelled to listen to on the outskirts of a phalanx five or six deep. It is generally admitted that it is not the large number of cases which a student sees, but the number in which he has thoroughly mastered all the details from which he learns anything. One thing is certain, either the infirmary authorities must provide more teachers with fewer beds, or provide other means for clinical instruction at Chalmers' or Leith Hospitals. If this is not done the great medical school of Edinburgh will soon find that a very material tailing off in the number of students will take place.

OVER-PRESSURE.

Report of Sub-Committee appointed by the Committee of Representative Managers of London Board Schools.

THE Sub-Committee appointed to consider the question of "Over-pressure," consisting of Messrs. Sydney Buxton, M.P., R. S. Doll, J. Faulkner, F. Fermor, Albert Rutson, Miss Gladstone, Miss Hickson, Revs. A. W. Jephson, J. H. Rose, R. O. Thorpe, R. J. Simpson, Lady Stevenson, and Major Wade, have obtained much information on the subject, and have carefully considered the question submitted to them.

1. They are convinced that the children are, as a whole, not only educationally, but physically, much the better for attending school.

2. At the same time there is evidence that, under certain conditions (on the one hand, where the child is underfed, suffers from bad health, defective intellect, long-standing neglect, or irregularity; and on the other hand, where the child is over-excitable, too eager or anxious), some overstrain does occasionally occur. But the cases of over-pressure are proportionally not numerous, nor is the evil widespread.

3. They believe that much has been done, and more will in the future be done, by the New Code to prevent over-pressure.

4. But they think that the New Code cannot produce the results intended, unless it is administered in spirit as well as in letter; and they do not think that this is always the case at present.

5. With this preface, the Sub-Committee beg leave to make the following recommendations:—

(i.) *Home Lessons*:—As a general rule, they do not think home lessons desirable; and they recommend that their imposition should be left to the discretion of the managers and teachers jointly. The Sub-Committee are of opinion, moreover, that home lessons should be absolutely prohibited for children below the third standard, and altogether in schools of "special difficulty."

(ii.) *Keeping in for lessons in cases of backward children*:—They endorse the recent circular of the

Board on this subject, which absolutely prohibits "keeping in" except for punishment.

(iii.) *Board Inspection*:—They strongly recommend that the Board's Inspectors should be more of "Inspectors" and less of Examiners."

They also recommend that, except under special circumstances, the reassessment of H.M.'s Inspector's Reports by the School Management Committee should be discontinued.

(iv.) *Returns, &c.*:—They recommend that all returns, accounts, correspondence, &c., falling on the teachers should be, as far as possible, minimised.

(v.) *Power of withholding children from examination, and from preparation for examination*:—By the Code, the Managers have power to withhold children from examination, if they can satisfy H.M.'s Inspector of the reasonableness of the ground for withdrawing them. Such withdrawals do not in any way affect the grant. Managers can also, for reasonable cause, present a child a second time in the same standard.

The Sub-Committee find that the provisions of the Code are not generally understood. They recommend, therefore, that Managers should be specifically instructed that they have the power, and ought to undertake the duty, of withdrawing from examination such children as are likely to suffer from the examination itself, or from the preparation for it; and that it should be pointed out to them, that they cannot perform this duty unless these children are watched throughout the year. The withdrawal should be consequent on the Managers' own observations and the recommendation of the teachers.

(vi.) *Managers*:—The appointment of competent Managers in sufficient numbers is a matter of the greatest importance, and the Sub-Committee recommend it as demanding the serious attention of the Board. It is impossible without the frequent visits of competent Managers, co-operating with the teachers, that the discrimination required by the Code, between those children who are fit and those unfit to be prepared for examination should be properly made; and it is obvious that in many other matters in the course of their school life, some of them bearing on Over-pressure, children may be materially helped and befriended by the Managers.

(vii.) *Underfeeding and Irregularity*:—Though both these matters largely conduce to such over-pressure as exists, the Sub-Committee make no recommendation in regard to them. The first subject is now being considered by a Council appointed for the purpose; the second is one largely depending on the administration of the compulsory powers of the Board, and on the personal influence of the teachers.

Signed:—Albert Rutson, (*Ch. Sub-Committee*), Sydney Buxton, (*Ch. Cttee. of Representative Managers*), R. S. E. Doll, J. Faulkner, F. Fermor, F. M. Gladstone, E. H. Hickson, A. W. Jephson, T. H. Rose, R. T. Simpson, C. Stevenson, R. O. Thorpe, J. M. Wade.

Medical News.

ROYAL SURREY COUNTY HOSPITAL.—A special Court of the Governors was held on Wednesday afternoon, for the purpose of considering a scheme for the enlargement of the Hospital, as recommended by the Committee, and the mode by which it

should be effected. The chair was occupied by the Bishop of Winchester.—The Rev. W. A. Carter moved:—"That the steadily increasing number of applicants seeking admission to the Hospital necessitates its extension; and that to meet this it is necessary that not less than an additional acre of land on the north side be acquired, and buildings erected this year to accommodate 24 more patients, and include separate wards for children." The resolution was seconded by Colonel Hankin, and passed unanimously.—It was moved by Mr. Budgett, "That a list for donations and subscriptions be opened immediately, with a view to raise £8,000 for the building, and £700 per annum for its support; and that suitable efforts be made to bring the subject before the attention of the public in order to secure the amount required; and that the building be not commenced until at least half the estimated cost of the new wing be promised." If this resolution were carried, he promised £250 towards the building and £10 towards its support. The resolution was carried by a large majority. Before the meeting broke up, nearly \$1,000 had been promised towards the building, and £15 towards its support.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a meeting of the Court of Examiners, held on December 8th and following days, the under-named gentlemen, having passed their final examinations for the Letters Testimonial, and having taken the declaration, were admitted Licentiates of the College:—A. E. T. Barcroft, P. J. Barry, A. Blake, H. Breen, E. Browne, T. D. Browne, A. Butler, W. J. Darby, V. H. W. Davoren, I. P. Doyle, J. Emerson, J. Esmond, H. J. Flanagan, W. F. Fullam, J. W. Gallagher, J. J. Gaynor, G. E. Greene, J. Halpin, E. Howe, F. K. Blake, J. E. Lanagan, W. H. Luggar, A. J. Luther, J. D. McFeely, J. McGinness, H. C. Mooney, J. J. Moore, B. Murray, J. Normile, M. P. O'Donovan, P. A. Peil, J. E. Riddle, A. J. S. Roe, J. C. Sellers, G. Stoker, H. Stoker, D. D. Tate, R. C. Thacker, and R. H. Vereker. Fifteen were stopped.

APPOINTMENTS.—Ackery, John, M.R.C.S., L.D.S., appointed Assistant Dental Surgeon to St. Bartholomew's Hospital; Adenbrooke, E. H., M.R.C.S., L.S.A., appointed Medical Officer of Health for the District of Kidderminster; Boobyer, Philip, M.R.C.S.Eng., appointed Medical Officer of Health to the Basford Rural Sanitary District; Bush, J. Paul, M.R.C.S., appointed Surgeon to the Bristol Police Force, *vice* F. R. Cross, M.B., F.R.C.S., resigned; Clubbe, W. H., appointed Consulting Surgeon to the Lowestoft Hospital; Collins, William Job, M.D., B.S., B.Sc.Lond., F.R.C.S.Eng., appointed Ophthalmic Surgeon to the North-West London Hospital; Dacre, John, L.R.C.P.Lond., M.R.C.S., appointed House-Physician to the Bristol Royal Infirmary, *vice* J. F. Evans, M.B., promoted; Elliott, W. T., L.D.S.Ed. and Dubl., F.C.S., appointed Assistant Dental Surgeon to Birmingham Dental Hospital; Evans, J. Fenton, M.B., C.M., appointed House-Surgeon and Senior Resident Medical Officer to the Bristol Royal Infirmary, *vice* J. Paul Bush, M.R.C.S., resigned; Ewart, C. Theodore, M.B., M.Ch., appointed Assistant Medical Officer to Leavesden Asylum, *vice* Lloyd Francis, M.B. (Oxon.) M.R.C.S.Eng., resigned; Hawkins, C. F., M.R.C.S.Eng., L.S.A.Lond., appointed Public Vaccinator for the District of Clifton, Bristol, *vice* L. Matthews Griffiths, M.R.C.S.Eng., resigned; Hutchinson, Jonathan, junior, F.R.C.S., appointed Surgical Registrar to the London Hospital; Lip-trot, A. Bailey, M.R.C.S., L.R.C.P.Ed., appointed House-Surgeon to the Liverpool Eye and Ear Infirmary; McMurray, W., M.D., appointed Surgeon to Walgett Hospital, N.S.W., *vice* R. Wilson, resigned; Miller, Hugh, M.R.C.S., L.R.C.P.Lond., appointed House-Surgeon to the Huntingdon County Hospital; Murray, H. Montague, M.D., M.R.C.P., appointed Assistant Physician to, and Lecturer on Practical Medicine at, the Charing Cross Hospital; Poland, John, F.R.C.S.Eng., appointed Surgeon to the Miller Memorial Hospital, Greenwich; Ray, James, Esq., appointed Surgeon to the Lowestoft Hospital; Thurston, Hugh C., M.R.C.S., L.R.C.P.Lond., appointed Assistant Resident Medical Officer and Pathologist to the Bristol Royal Infirmary, *vice* J. Dacre, L.R.C.P., M.R.C.S., promoted; Tirard, Nestor I. C., M.D., appointed Professor of Materia Medica in King's College, and Assistant-Physician to King's College Hospital, *vice* E. Buchanan Baxter, M.D., resigned on account of ill-health; Whitcombe, P. Percival, M.R.C.S., L.S.A., appointed Resident Obstetric Officer to St. Mary's Hospital, London.

VACANCIES.—Senior House-Surgeon at the Bolton Infirmary and Dispensary. Salary, £120 per annum. Applications to Mr. Kevan, 12, Acreefield, Bolton, by January 10th.—Assistant House-Surgeon at the Bristol General Hospital. Salary, £50 per annum. Applications by January 10th.—District Medical Officer, Medical Officer of Health, and Public Vaccinator at the Crickhowell Union. Applications by January 10th.—Physician at the General Infirmary at Gloucester and the Gloucestershire Eye Institution. Applications by February 18th.—House Surgeon at the Kent and Canterbury Hospital. Salary, £80 per annum. Applications by January 23rd.—Assistant Medical Officer at the Kidderminster Friendly Societies Medical Association. Applications to Dr. J. W. Measures, 4, Lion Street.—Honorary Assistant Physician at the National Hospital for Diseases of the Heart and Paralysis, Soho Square. Applications to the Secretary.—House-Surgeon and Apothecary at the Northern Infirmary, Inverness. Salary, £50 per annum. Applications to Kenneth MacDonald, Esq., Town Clerk, by January 17th.—Medical Officer at the Parish of Loochs, near Stornoway. Salary, £150 per annum. Applications to the Inspector of Poor by January 10th.—Medical Officer at the Portumna Union, Portumna Dispensary. Salary, £112 10s. per annum. Applications to William Eyre, The Castle, Eyrecourt, by January 13th.—Casualty Surgeon at the Queen's Hospital, Birmingham. Applications by January 24th.—Resident Physician at the Queen's Hospital. Salary, £50 per annum. Applications by January 24th.—Honorary Physician at the Radcliffe Infirmary, Oxford. Applications by January 14th.—Junior Assistant Medical Officer at the Sussex County Lunatic Asylum, Hayward's Heath. Salary, £100 per annum. Applications to Dr. Williams.—Third Medical Officer for six months at the Three Towns Friendly Societies Medical Institution. Salary, £150 per annum. Applications to Mr. W. Curtis, 69, Charlotte Street, Morice Town, Devonport.—Lecturer in Human Anatomy at the University of Oxford. Salary, £300. Applications to the Secretary of the Common University Fund, New College, Oxford, not later than February 1st, 1885.—Assistant Surgeon at the Western Ophthalmic Hospital, Marylebone Road. Applications by January 17th.

University, College, and Hospital Intelligence.

MANCHESTER ROYAL INFIRMARY.

At the monthly meeting of the Manchester Infirmary Board a resolution was passed expressing surprise that the Health Committee of the Manchester Corporation had declined to pay in full the amount charged for the maintenance of patients sent by them to Monsall Hospital during the six months ending September 25th last, on the pretext that the patients were retained there too long, and stating that the Board would decline to receive patients except on the understanding that the medical staff of the Infirmary was to be the sole judge as to the period during which they should be retained in the hospital. The Board therefore requested the payment of the sum deducted without delay.

Examination Questions.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Anatomy.—The following questions were given at the primary membership examination on the 6th inst.:—1. Describe the ligaments of the hip-joint; enumerate the muscles in contact with capsule. 2. Describe the dissection required to expose the entire course of the anterior tibial nerve and its branches. 3. Contrast the body and articular processes of a typical cervical vertebra with the corresponding parts of a dorsal and lumbar vertebra. 4. Give the course and relations of the large intestine from its commencement to the end of the sigmoid flexure. 5. What are the arteries and nerves supplying the tongue? Indicate where they may be best exposed when the organ is separated from the body. 6. Describe the dissection necessary

to expose the superficial aspect of the masseter muscle. Candidates *must* answer at least four questions, and may with advantage answer all six.

Physiology.—1. Describe the series of phenomena that occur in the process of the coagulation of blood. State what is known in regard to the formation of fibrin. 2. How is the secretion of the submaxillary gland influenced by nerve-stimulation? Prove that the effect produced is not wholly due to vasomotor influence. 3. Describe the mode of action of the auriculo-ventricular and semilunar valves respectively. 4. Give an account of the structure of the mucous membrane of the large intestine. What are the functions of this portion of the alimentary canal? 5. Contrast the volume of tidal air with the quantity of air usually present in the lungs. Explain the mode in which the interchange of gases between these two quantities is effected. 6. Describe the phenomena that accompany the contraction of muscle. Candidates *must* answer at least four questions, and may with advantage answer all six.

Notices of Books.

QUAIN'S DICTIONARY OF MEDICINE.*

The publishers of Quain's Dictionary of Medicine have taken a step in connection with this work which will prove of much service to a very large number of students and others, who will gladly avail themselves of the opportunity of obtaining this invaluable book of reference in a serial form. It is now being issued in parts, six in number, at monthly intervals; the first division includes that part of the Dictionary, extending over 300 pages, which covers the articles as far as "Co-ordination." It is unnecessary to enter into any detailed examination of the contents, the general nature of which is thoroughly well-known and appreciated, and in its new form the work is certain of a widespread circulation.

ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.
GUY'S.—Medical and Surgical, daily, exc. T., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.
KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th.; Throat, Th. 3; Dental, Tu. F., 10.
LONDON.—Medical, daily, exc. S. 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9.
MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.
ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; Dental, Tu. F., 9.
ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th. 1.
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THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

ERRATUM.—Through a typographical error the name of Mr. Henry Smith was given as the author of the work on Dental Caries, which was reviewed in the last number of the HOSPITAL GAZETTE. Those who are versed in dental literature will doubtless know that the author of the excellent little work is the well-known dentist, Mr. Henry Sewell, M.R.C.S. and L.D.S.

H. B. (Blackpool).—Many thanks for letter. We trust you will soon be able to attend to your College duties.

Owing to pressure on our space we are compelled to hold over till next week an interesting paper on Cocaine.

COMMUNICATIONS, LETTERS, &c. RECEIVED.—Dr. C. E. Armand Semple, London; Dr. A. C. Maybury, London; Mr. F. Anwyl-Butter, Manchester; Dr. J. B. James, London; Mr. Williamson, Bristol; Dr. J. Brown, Baccup; Mr. Reynolds, Newcastle-on-Tyne; Mr. Dartnell, Liverpool; Mr. W. Tebb, London; Mr. F. D. Astley, London, &c., &c.

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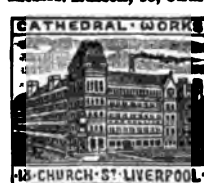
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MEDICAL DEPARTMENT, WAR OFFICE.

20th December, 1884.

AN EXAMINATION of CANDIDATES for Thirty-two Commissions in the Medical Staff of Her Majesty's Army will be held at the London University, Burlington Gardens (by permission of the Senate) on the 9th of February next and following days, at 10 o'clock a.m.

1. Candidates having two qualifications, one to practice Medicine, and the other Surgery, under the Medical Act, and who are not under 21 nor above 28 years of age at the date of the London Examination are eligible to attend.

2. Application for admission to the Examination should be made in writing, without delay, to the Director General, Medical Department, War Office, 6, Whitehall Yard, London, S.W., by whom a printed Schedule containing further particulars will be furnished.

(Signed) T. CRAWFORD, M.D.,
Director General.

The List will close on Saturday, 31st January, 1885.

FIRST L.R.C.P. EXAMINATIONS.

MR. MAURICE WILLIAMS'S CLASSES in Chemistry (Theoretical and Practical), Materia Medica, &c., at new and more commodious premises, 5, King Street, Finsbury Square (Close to Liverpool Street and Moorgate Street Stations). The course for the January examination is now commencing.

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MR. JAS. W. SAUNDERS, D.S.G.S.T., &c. (from the Royal School of Mines), 6, Rochester Square, N.W. (close to Camden Road, N.L.R. Station), prepares Students for Examination in Anatomy, Physiology, Botany, Chemistry, Chemical Physics, Materia Medica, Pharmacy, Toxicology, &c. **PERSONAL TEACHING; NO DEMONSTRATORS.** Postal instruction, a speciality. Books unnecessary, notes sufficient. Preliminary candidates prepared. Small classes are held three times DAILY, at the Laboratory, close to Gower Street Station, to prepare for the PRIMARY L.R.C.P., M.B., L.S.A., &c. Note my Pass-List during past eight years. At the last Primary L.R.C.P., TWELVE presented, NINE passed, including three postal.

PRIVATE TUITION FOR ALL THE MEDICAL PRIMARY AND PASS EXAMINATIONS.

STUDENTS are prepared for any of the EXAMINATIONS held by the Licensing Corporations of the United Kingdom (including Preliminaries) by ARMAND SEMPLE, B.A.; M.B. Cantab, M.R.C.P. Lond., L.S.A. Lond., late Senior Examiner in Arts to the Apothecaries' Society of London.

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Dr. SEMPLE's experience as a Tutor extends over a period of more than 15 years, during which time he has invariably adapted his methods of teaching to the recommendations issued by the General Medical Council, and to existing requirements of the examining bodies.

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PROFESSIONAL EXAMINATIONS.

MR. HARRY CAMPBELL, M.B., B.S. (London University), Member of the College of Physicians, Lond., Member of College of Surgeons of England, Reads with GENTLEMEN for all the Professional Examinations. Small private Classes are held in all professional subjects. Special Classes for the College of Physicians, The Hall and College of Surgeons. Tuition by Correspondence.

64, Guildford Street, Russell Square.

Notes by the Way.

A new examination regulation came into force last week at the Royal College of Surgeons, which cannot fail to be appreciated by students, by which those who enter for the primary examination are allowed to pass in one subject at a time. Formerly, a student who failed, either in anatomy or physiology, was obliged, at his next venture, to submit to examination in both subjects, but in future he will be compelled to submit to examination only in that subject in which he failed to obtain the requisite number of marks at his first attempt. A glance at the pass list will show that a considerable number of students are only equal to passing in one subject at a time.

THE teachers at the Schools of Medicine in the north of England are agitating for the purpose of influencing the Council of the College of Surgeons to permit the written portion of examinations to be held at the various Schools of Medicine, so that students may not be put to the expense of remaining in town during the interval between the written and oral portions of the examinations. A great deal might be said in favour of the proposal, whilst the disadvantages are not very apparent.

It is a singular fact, and one not very creditable to the young Fellows of the College of Surgeons, that not a single essay has been sent in to the College for the Jacksonian prize this year. The competition for this prize is never a very spirited one, but one would have imagined that there was sufficient love of surgery and ambition among the scores of young Fellows of the College who are waiting for patients, to induce them to put together a few ideas and second-hand facts, in competition for a prize of such value as the Jacksonian.

THE authorities of the University of Vermont, United States, have announced that they will grant the M.D. degree to British Registered Medical Practitioners of good standing, who pass a satisfactory examination in medicine, surgery, and midwifery. No residence is necessary, and the examination may be passed in three days. The fee for the examination is only £6. The first examination, under these regulations, will take place in June next, and, I have no doubt, that a goodly number of English practitioners will be induced to take a trip to the States in order to obtain the legal right to assume the title "M.D." Hitherto Brussels has enjoyed almost a monopoly in granting the M.D. to English practitioners, but, in future, it will find Vermont a formidable competitor for the English guineas.

THE North London papers contain a report of an extraordinary death at Camden Town, the circumstances of which were the subject of inquiry before the Coroner for Central Middlesex recently. A woman named Simpson, who resided in Camden Town, had been suffering from a swelling of the face for some two or three weeks, and Dr. Brown, of Drummond Street, Euston Road, was called in to

attend her. This gentleman diagnosed abscess of the cheek, and accordingly made an incision into the swelling. The report does not state whether any pus escaped from the opening, but shortly after the operation the wound began to bleed profusely, and before another doctor could be fetched the woman bled to death. Of course, an inquest was necessary, and Professor Pepper and Dr. W. M. Dunlop gave evidence that they had made a post-mortem examination, and found that death was due to syncope and exhaustion following blood poison, and gangrene. The jury returned a verdict that death resulted from syncope and exhaustion when suffering from blood poisoning and gangrene of the cheek, the death being hastened by hæmorrhage from the cheek following an incision made to relieve the swelling. The case is a most unfortunate one for Dr. Brown, for although there may have been no blame whatever attaching to him in regard to the operation, many persons will doubtless believe that the woman would not have died had not the incision caused such profuse hæmorrhage. A woman could not have bled to death in this manner had not an artery of considerable size been opened. It may have been abnormal in size and situation, and the same result might have occurred in the hands of the most skilful surgeon; but the newspaper report does not give any particulars upon this point. For the benefit of the profession, a full report of the case should be published in one of the medical papers, and I hope Dr. Brown will send particulars to one of the professional journals for publication. The case is not an ordinary one, and it is only right that the profession should know what dangers confront us when we attempt surgical interference with any swelling about the cheek.

LAST week the proprietors of the *Medical Times and Gazette* sent a copy of their journal to every medical practitioner in the United Kingdom. The price of this paper is now reduced to fourpence, and as it is edited in a very spirited manner it ought to command a large share of professional support.

THE draw for the first round of the Hospitals' Challenge Cup annual competition has resulted as follows:—January 26, St. Thomas's v. St. Mary's; 27, Middlesex v. Charing-cross; 28, St. George's v. St. Bartholomew's; 29, Guy's v. London (holders); 30, University College v. King's College; West (a bye). The games will be played according to the rules of the Rugby Union, with the exception of the matches being decided by points. A touch-down scores one point, a try ten points, and a goal 25 points. The ties are to be played off on the ground of the Richmond Club, the Old Deer-park, Richmond. From what I hear, St. Bartholomew's men intend to make a strong bid for the cup this journey, but they will have all their work cut out for them to vanquish St. George's.

THE authorities of the Irish College of Surgeons have decided to confer their diploma upon women who comply with the usual regulations, and pass the necessary examinations. This is a step in advance, but whether it is a wise one or not remains to be

proved. Whether this concession to the advocates of women's rights has been dictated by pure gallantry—for which Irishmen are renowned—or mercenary motives is not for me to say, but I must express my doubts as to the wisdom of the proceeding. To turn a lot of women loose upon society with amputating knives in their hands, is an awful responsibility, but I hope the dear creatures will be merciful, and not be too reckless in using their new weapons. For my own part, fond as I am of the ladies' society, I shall endeavour to give Miss Jemima Slashem and her amputating knife a wide berth. Had she stuck to her rolling-pin and darning needle she might still have counted me among her most devoted admirers. I would even have overlooked the craniotomy forceps and cephalotribe, but the line must be drawn somewhere, and I must be permitted to stop short at amputating knives.

PERIPATETICUS.

Original Papers.

NOTES ON ANATOMY.

By G. M. DARTNELL, L.R.C.S., &c.
(Continued from Vol. XII. page 491.)

UPPER EXTREMITY.—Continued.

ULNAR NERVE.

Origin.—Inner cord of brachial plexus.

Course.—At its commencement it lies close to the inner side of the axillary vessels, and afterwards in a similar relation with the upper part of the brachial artery. It leaves that vessel about the middle of the arm, piercing, and then running behind, the internal intermuscular septum, accompanied by the inferior profunda artery, to the interval between the internal condyle and the olecranon process. It enters the forearm behind the internal condyle by passing between the heads of the flexor carpi ulnaris. It lies under cover of that muscle and upon the flexor profundus digitorum for the whole of its course in the forearm; and about the middle third of the forearm comes into close relation with the ulnar artery, and keeping to its ulnar side, accompanies it over the annular ligament into the palm, and immediately divides into a superficial and a deep portion.

Supplies.—Flexor carpi ulnaris and inner half of the flexor profundus digitorum, palmaris brevis muscle, &c.

Branches.—In arm—None.

In forearm—Articular to elbow and wrist
Dorsal—to back of little and half of ring fingers.

Cutaneous—to palm of hand (ulnar side).

Muscular—to flexor carpi ulnaris and flexor profundus digitorum)

In hand—Superficial palmar.

Deep palmar.

Note.—It enters the forearm behind the internal condyle and passes between the two heads of the flexor carpi ulnaris. The ulnar is a smaller nerve than the median.

ANTERIOR INTEROSSEOUS NERVE.

Origin.—A branch of median nerve.

Course.—It accompanies the anterior interosseous artery down the front of the forearm on the interosseous membrane and between the flexor profundus digitorum and flexor longus pollicis muscles to the pronator quadratus, the under surface of which it enters and passes to the front of the wrist, where it terminates.

Branches.—Muscular.

Supplies.—Flexor longus pollicis
Flexor profundus digitorum (partly)

Pronator quadratus.

INTEROSSEOUS ARTERY.

Origin.—A branch of ulnar artery.

Course.—It arises from the ulnar artery opposite the bicipital tuberosity of the radius, and passes backwards to the interosseous membrane, where it divides into anterior and posterior interosseous arteries.

In front.—Flexor sublimis digitorum.

Behind.—Interosseous membrane.

Note.—This artery is about an inch long.

ANTERIOR INTEROSSEOUS ARTERY.

Origin.—A branch of ulnar interosseous.

Course.—It passes down the front of the forearm upon the interosseous membrane, in company with the anterior interosseous nerve, between the flexor profundus digitorum and flexor longus pollicis till it reaches the pronator quadratus muscle, where it divides into two branches, one, the anterior, passes in front of the pronator quadratus down to the wrist, where it anastomoses with the anterior carpal arteries of radial and ulnar arteries; the other branch passes beneath the pronator quadratus and through an opening in the interosseous membrane to the back of the carpus, where it anastomoses with the posterior interosseous artery and posterior carpal branches of radial and ulnar arteries.

In front.—Flexor sublimis digitorum, anterior interosseous nerve.

Behind.—Interosseous membrane.

Branches.—Muscular.

Nutrient (2)—to radius and ulna bones.

Median—accompanies the median nerve.

BENEATH PRONATOR QUADRATUS MUSCLE.

1. Anterior interosseous artery (a branch of ulnar interosseous).
2. Anterior interosseous nerve (a branch of median nerve.)

RADIAL NERVE.

Origin.—Is a continuation of the musculo-spiral nerve.

Course.—It passes along the front of the radial side of the forearm to the commencement of its lower third. It lies at first a little to the outer side of the radial artery, concealed beneath the supinator longus. In the middle third of the forearm it lies beneath the same muscle, in close relation with the outer side of the artery. It leaves the artery about three inches above the wrist, passes beneath the tendon of the supinator longus, and, piercing the deep fascia at the outer border of the forearm, divides into two branches.

Branches.—External—to ball of thumb, &c.
Internal—to fingers.

Supplies.—Radial and ulnar side of thumb, both sides of index and middle fingers, and radial side of ring finger.

(To be continued.)

University, College, and Hospital Intelligence.

DUBLIN.

THE ROYAL COLLEGE OF SURGEONS.—A special meeting of the Fellows of the Royal College of Surgeons in Ireland was held at three o'clock on Saturday, the 10th inst., to consider important alterations to be made in the Supplemental Charter and Bye-Laws of the College. Professor E. H. Bennett (Trinity College), President of the College, occupied the chair. Nearly forty fellows attended. Amongst those present were:—Sir Robert W. Jackson, C.B., William Carte, M.D., W. J. Wheeler (Ex-President of the College), J. Tufnell, William Thompson, C. J. Nixon, Hamilton, Corley, Maypothor, Jacob, A. H. Jacob (Secretary), Kidd, Chaplin, Davis, Bunker, P. C. Little, McGusty, Robinson, Madden, Auchinleck, Shannon, Wharton, Ward, P. S. Abraham, Henston, Roe, Doyle, &c. The proposed alterations were first—"That professors and lecturers who have hitherto been forbidden to hold examinerships in the College, should in future be eligible under certain limitations for examinerships. Second:—"That the Fellows shall in future be empowered to vote in *absentia* by papers at the election of the President, Council, and other officers of the College. Third:—"That women shall be admitted to the Diplomas of the College on equal terms with male candidates. "All these propositions were adopted. Dr. C. A. Cameron, Vice-President, moved the adoption of the clause which would enable women to obtain the licence and fellowship of the College. He pointed out that already women occupied chairs in many medical schools, and that a lady had with distinction filled the chairs of anatomy and surgery in the celebrated University of Bologna. Whatever prejudices there might be against women practising such an art as surgery, the College would be acting tyrannically in using their monopoly in favour of one sex. Sir Robert Jackson seconded the resolution. Dr. Kidd, in supporting it, urged that it would be unjust to prevent a woman from earning her bread in any art in which she could prove her competency. Professor E. Hamilton moved an amendment which would have the effect of excluding women from fellowships of the College. Mr. Thompson argued that if women were admitted at all to diplomas they should be admitted to fellowships. It would be illogical to grant diplomas to ladies and yet not permit them to present themselves as candidates for professional chairs, for fellowships, and even for the President's chair. At the same time he did not think that ladies were fit to practise surgery, they should confine themselves to medicine and midwifery. The amendment was put and negatived by 18 to 14. The original resolution to admit women on the same terms as men was carried on a division by 25 to 11. The meeting then adjourned.

THE CITY OF DUBLIN HOSPITAL.—The directors held their usual monthly meeting in the Board Room of the Hospital, Upper Baginbun-street, on Friday morning last, the 9th inst., the Right Hon. Lord Justice Fitzgibbon presiding. The other directors present were Mr. A. H. Benson, Dr. Hawtrey Benson, Surgeon Croly, Dr. G. F. Duffy, Dr. Henry Fitzgibbon, J.P., Mr. Jonathan Hogg, J.P., Mr. Thomas Pim, J.P., and Surgeon Wheeler. Several reports were read, showing the hospital to be in a most flourishing condition. Cheques having been signed for £510 14s. 6d., as recommended by the Finance Committee, the Board adjourned.

CORK STREET FEYKE HOSPITAL AND HOUSE OF RECOVERY.—The Managing Committee held their usual meeting in the Board Room of the Hospital on Thursday, 8th January, at 8.30 a.m., William Jameson, Esq., in the chair. There were also present Messrs. George Drury, Richard Perrin, Abraham Shackleton, J.P., Sir John Barrington, D.L., E. J. Figgis, J. P. Hogg, Samuel Boyd, John Wardell, and N. Lynch, M.P. The accounts for supplies to the Hospital during the month amounting to £342 17s. 11d., were examined and paid. Subscriptions to the amount of £92 were received. The Registrar reported that there had been an increase in the number of patients. An election then took place for the position of registrar and resident medical officer, rendered vacant by the lamented death of Dr. Leslie Maturin. Of the eight candidates who presented themselves, Dr. Sydenham S. Chandlee was elected. After the transaction of some routine business, the Board adjourned.

COOMBE HOSPITAL AND GUINNESS' DISPENSARY.—The usual monthly meeting of the directors of this Hospital was held on Thursday last, Edward Fottrell, Esq., J.P., in the chair. The monthly accounts were presented and passed for payment. It was announced that the bank account was overdrawn to the amount of £1,086 6s. 7d. Subscriptions were then handed in to the amount of £90, after which the Board adjourned.

MANCHESTER.

THE MANCHESTER AND SALFORD LOCK AND SKIN DISEASE HOSPITAL.—At the quarterly meeting of the committee of the Lock Hospital, Manchester, the minutes of the last meeting having been read, the quarterly accounts, amounting to £149 1s. 11d., were examined, and ordered to be paid. Mr. Alfred Blackmore was appointed assistant surgeon for a further period of 12 months, and it was resolved to appoint a surgeon to the skin department at the hospital's branch in Dale Street, Piccadilly. The secretary reported that in answer to an appeal for help, subscriptions and donations to the amount of £89 17s. 6d. had been received.

EDINBURGH UNIVERSITY.

STUDENTS' REPRESENTATIVE COUNCIL.—A general meeting of students of the University of Edinburgh—postponed from the date originally fixed, in consequence of the death of Prince of Sir Alexander Grant—was held last week in the Oddfellows' Hall, Forrest-road, for the purpose of receiving a report from the first Students' Representative Council. There was a large attendance. Dr. Orme Masson, one of the three presidents, occupied the chair, and was accompanied to the platform by the Executive Committee of the Council. In opening the meeting the Chairman alluded to the loss the students had sustained by the death of Sir Alexander Grant, who, he said, had been one of their best friends, and had to the last deeply interested himself in all matters pertaining to student life. Proceeding to remark on the main object for which the meeting had been called, the Chairman said that one of the chief difficulties with which the Council had had to contend during the past year had been the want of proper means of communicating with the students who elected them, and this must continue to be the case to a certain extent until they were successful in establishing the University Union. The Council's report detailed the various matters which had engaged attention during the past year, special reference being made, of course, to the Tercentenary Festival, and to the proposed Union. The total amount of subscriptions collected up to date towards the establishment of the Union was, it appeared, £2,961 17s. 7d., but as this was still far short of what was required, the Council ventured to impress on their fellow-students the necessity of continued effort in the collection of subscriptions, and again appealed for their individual support on behalf of a

scheme which would confer such inestimable benefits. Further on in the report it was stated that the attention of the Senatus had been called to the absence of a satisfactory catalogue of the books in the University Library, which would be generally available by students, and the Council had petitioned for the remedy of the defect. The request had been referred to the Library Committee of the Senatus, under whose consideration it still was. It was, however, understood that the expense involved prevented the preparation of such a catalogue. It also appeared from the report that a committee had been appointed to arrange for a series of smoking concerts, and the hope was expressed that, in consequence of action taken on behalf of the Council, five courts might soon be erected in the neighbourhood of the new University Buildings and the Music Class-Room. The report was adopted.

NOTICE.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, JANUARY 17, 1885.

EDITORIAL AND PERSONAL.

A PAINFUL feeling of regret has been created throughout the London Hospital by the sudden and wholly unexpected death of Mr. W. H. L. Shepherd, L.R.C.P., M.R.C.S., which occurred on Friday morning last through poisoning by an over-dose of morphia. Mr. Shepherd had just recently been appointed to the post of house-surgeon at the Poplar Hospital, but was still a frequent visitor to the London, where he was familiarly known to most of the senior students and the staff, and was much esteemed for his kindly and genial disposition. Mr. Shepherd was a constant attendant and speaker at the Hospital Medical Society, and his loss will be felt in this connection very strongly. The unfortunate accident which led to this melancholy result is one which has been distressingly frequent of late among medical men, and the lesson that it teaches ought to be indelibly impressed on the mind of every practitioner.

DURING the years 1877-78-79 the London Hospital Football Club attained a very considerable degree of success under the captaincy of Mr. George W. H. Cook, who was very well known and much esteemed by a large number of students, both in his own hospital, and elsewhere. These many of whom are now scattered in practice throughout the kingdom, will be grievously surprised to learn that Mr. Cook has succumbed, at the early age of 26, to phthisis. Few who knew him during the height of his reputation as an athlete will be able to realise that he was affected with the germs of consumption, and they will be un-

feignedly sorry to learn that this inexorable enemy has now claimed him as a victim. After passing the L.R.C.P. and M.R.C.S. examinations, young Cook gained an appointment in the Army Medical Department, and soon after was stationed at Malta. Here his health broke down, and he spent six months at home on sick leave. Temporarily restored, he once again resumed active duty, but the old disease re-assumed its sway, and he died, regretted by all his associates, on the 29th of last December.

At a meeting of the Council of the Royal College of Surgeons of England, held on Thursday last, it was resolved that candidates examined in anatomy and physiology under the old regulations, by which they are required to take up both subjects, will, in the event of failure in one subject, be accredited with the subject in which they pass. This regulation applies only to candidates examined after January 1st of the present year.

THE Thruston Prize, given triennially to that member of Gonville and Caius College who has published, within the three preceding years, the best original investigation in physiology, pathology, or practice of medicine, has, for the year 1884, been awarded to Charles Henry Ralfe, M.A., M.D., for his treatise "On the Morbid Conditions of the Urine dependent upon Derangements of Digestion."

We are glad to learn that an influential committee are engaged in organising the details of a grand fancy dress ball for the benefit of the Dublin Orthopaedic Hospital, on the new buildings of which recently there has been a large outlay. It will be held under distinguished patronage the second week in February. Full particulars will be given later on.

THE Local Government Board have addressed a circular letter to all Boards of Guardians throughout the country, in which they state that they have received a communication from the Commissioners in Lunacy, in which it is suggested that an important proportion of the pauper lunatics in county asylums might be adequately and more economically provided for in workhouses. The Commissioners have furnished returns of cases considered suitable for workhouses, and the Board requests the Guardians to endeavour to carry out the necessary transfers. It is believed these steps are intended to be preliminary to the introduction of a scheme by which the county and borough lunatic asylums will be rendered available for patients of the non-pauper class. It is estimated that upwards of 2,000 harmless lunatics will be transferred to workhouses and infirmaries.

LORD REAY, rector of the University of St. Andrews, has intimated his intention of delivering his inaugural rectorial address on Friday, 30th inst.

At a public meeting in the Mayor's parlour, Manchester Town Hall, the report of the sub-committee recently appointed to make arrangements for the proposed conference on the subject of education under

healthy conditions was received, and it was resolved that the conference be held in Manchester, and that the executive committee be requested to prepare a statement of its objects, to be forwarded to persons interested, with the request that they obtain support. Lord Aberdare has consented to preside over the conference.

THE IRISH COLLEGE OF SURGEONS.

ELSEWHERE we give a short report of an important meeting of the Fellows of the Royal College of Surgeons in Ireland. At this meeting advocates of women's rights had another triumph. Dr. Charles A. Cameron, Vice-President of the College, in an able speech, moved that they should be admitted on the same terms as men, and, in support of his motion, he argued that a number of ladies had been already admitted to the profession, many of them holding professorial chairs, and referred particularly to the fact that a member of the weaker sex had with distinction filled the chair of anatomy and surgery in the famous University of Bologna. Professor Hamilton very properly put forward the fact that even were ladies allowed to practice medicine and midwifery, that that was no reason why they should be allowed to practice surgery. We are inclined to agree with Dr. Hamilton on this point, as there are many diseases which come under the notice of a surgeon which it would be better to leave to the sterner sex to deal with; and, in addition, we would advance the statement that the delicate nerves of a woman might give way under the terrible strain of a grave surgical operation. However, be this as it may, by a vote of 25 to 11 the claims of "girl graduates" were recognized.

A step in the right direction was taken by this meeting when they decided to allow teachers in the College to become candidates for examinerships. This system has been found to work well enough in other Colleges and Universities, and, indeed, it was a matter of wonder to us why this all-important resolution was not passed long since. The salaries in connection with the various chairs in the College are not particularly well regulated, and, consequently, good men cannot see their way to settle down to spend more than their income. Now, however, a position, lucrative, and, at the same time, honourable, is open to each professor, the obtaining of which will, with a little extra work, considerably increase his meagre income, allowing him, at the same time, ample opportunity of testing the merits of his students. We are glad to observe the resolution allowing the fellows to vote *in absentia* was passed without a division. It will thus insure that any elections must be by universal consent, as it were. Many were unable to be present, and many did not care to entail such expense to come up from country districts to the metropolis to vote. We cannot see why a paper, signed and sent under cover to the proper quarters, should not be as valid a way of expressing one's opinion as a personal attendance.

On the whole, therefore, we have reason to congratulate the College Fellows on the wisdom of their deliberations, so far as regards the later votes above referred to.

Medical News.

ULSTER MEDICAL SOCIETY.—This Society held a meeting in the Belfast Museum, College Square North, on Thursday, the 8th inst. The business part of the meeting commenced at 8 o'clock p.m., but the members were requested by the president and council to assemble for tea at 7.30. The office-bearers for the session 1884-85 are as follow:—President, John Fagan, Esq., F.R.C.S.I.; Ex-President, Professor Dill, M.P.; Vice-Presidents, Drs. Esler and Moore; Council, Drs. Lindsay, M. Farland, J. C. Smith, J. W. Browne, Demsey, and Jas. Smyth; Hon. Treasurer, Dr. Esler; Hon. Librarian, Dr. Barrow; Pathological Secretary, Dr. Thomas Sinclair. The minutes of the last meeting having been read, and some preliminary business having been transacted, the President addressed the meeting, and was followed by Dr. Esler, who read a paper on the "Early History of Medicine in Belfast." Short addresses were subsequently given by Drs. S. Browne, R.N.J.P., Harkin, Dill, and J. H. Purdon, after which the proceedings terminated.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Board of Examiners on the 8th inst., and, when eligible, will be admitted to the pass examination, viz.:—Messrs. John F. Blurton, Charles H. Harris, and Frank Hughes, students of the Birmingham School of Medicine; Edgar A. Field, William E. Porter, and Walter W. Chamberlain, of the University of Edinburgh; Frederick W. Burnett, Louis Demetriadi, Herbert N. Pullan, and Benjamin Wainman, of the Leeds School of Medicine; John Garth, of the Liverpool School of Medicine; John Blacklock, Joseph A. Jenkinson, and Richard Bilsborrow, of the Manchester School of Medicine; Henry L. Harrison, and Matthew H. Spencer, of the University of Cambridge; William G. Rockwood, of the Madras Medical School; William D. Arnison, of the Newcastle-upon-Tyne School of Medicine; Dominick A. D'Monte, of the Bombay School of Medicine; Bertal H. Scott, of the University of Toronto; and David Roxburgh, of the University of Glasgow. The following gentlemen passed their examination in anatomy only, viz.:—Messrs. Norman Davis, of the Newcastle-upon-Tyne School of Medicine; Henry H. Sales, of the Leeds School of Medicine; Henry F. Cartmel, of the Manchester School of Medicine; and Isaac G. Modlin, of the Newcastle-upon-Tyne School of Medicine. The following gentlemen passed their examination in physiology only, viz.:—Messrs. Thomas W. Scott, of the University of Cambridge; James E. Brown, of the University of Toronto; and Jasper J. Garmany, of the University of New York. The following gentleman has passed the second examination under the Combined Examining Board for England:—Mr. George B. Flux, student of King's College Hospital. At a meeting of the Council held on Thursday last, Mr. Jonathan Hutchinson, F.R.S., of Cavendish Square, was elected a Member of the Board of Examiners in Dental Surgery, in the vacancy occasioned by the resignation of the President, Mr. J. Cooper Forster. Mr. Hutchinson is a Member of the Council of the College and of the Court of Examiners, and is Consulting Surgeon to the London Hospital. The following gentlemen passed, viz.:—Messrs. Henry E. Gough, Paul de C. Potter, Edward de M. Jong, and George W. Dowling, students of the Manchester School of Medicine; Charles J. Acton, George L. Travis, and Thomas M. Draper, of the Liverpool School of Medicine; Archibald S. Alexander and Leonard Williams, of the University of Glasgow; Oliver Norris, Francis P. R. James, and William H. Helm, of the Leeds School of Medicine; Edward B. Hill, Preston King, Arthur H. Williams, and Edwin M. Light, of the University of Cambridge; George R. Scott Banbury, and Francis F. Jones, of the Bristol School of Medicine; and Alfred O. Davies, of the University of Edinburgh. The following candidates passed their examination in anatomy only, viz.:—Messrs. Alfred S. Taylor, student of the Newcastle-upon-Tyne School of Medicine; John E. Finnie, of the Liverpool School of Medicine; Samuel H. H. Dowse, of the Dublin School of Medicine; Percy A. Linnell, of the Manchester School of Medicine; and Herbert Clapham, of the Sheffield School of Medicine. The following candidate passed his examination in physiology only, viz.:—Mr. William M. Branson, of the Sheffield School of Medicine. The

following candidate passed the second examination under the Combined Examining Board for England:—Mr. Herbert Shipton, student of King's College Hospital. The following gentlemen passed on the 12th inst., viz.:—Messrs. Frederick M. Davis, student of the Madras School of Medicine; Frederick A. Le Mesurier and John B. Close, of St. Bartholomew's Hospital; Upendra K. Dutt, of St. Mary's Hospital; John K. Reeves, of Guy's Hospital; Charles E. Dawson and William B. Pettitt, of the Leeds School of Medicine; Charles T. Sammon, John K. Warry and Morgan J. Rees, of the London Hospital; Alfred K. Ludlam, of the Manchester School of Medicine; Alfred H. Benson and Stewart B. Day, of the Bristol School of Medicine; Ernest T. Habbijam, Edgar H. Lingwood, and William H. Compton, of the Charing Cross Hospital; John L. Henstock and John C. Williams, of the Liverpool School of Medicine; Herbert W. MacLure, of the University of Cambridge; William C. Brown, of the Newcastle-upon-Tyne School of Medicine; and Frederick W. Hildyard, of St. George's Hospital. The following gentlemen passed their examination in anatomy only, viz.:—Messrs. Charles H. Smale, student of the Manchester School of Medicine; Albert Norman, of Guy's Hospital; George Dunn, of the Bristol School of Medicine; Philip J. Le Riche, of University College Hospital; and William H. Hillyer, of St. George's Hospital. The following gentlemen passed their examination in physiology only, viz.:—Messrs. John H. Lister, student of the Leeds School of Medicine, and Edmund Cantley, of the University of Cambridge.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, January 1st, 1885:—Henry Collen Ensor, Guy's Hospital; Frank Chamberlain Hart-Smith, University College; John Charles Mitchell, London Hospital; Daniel Thurston, London Hospital; Alexander Kinnear Watt, Edinburgh University; Frank Joseph Wethered, London Hospital.

The following gentleman also on the same day passed the Primary Professional Examination:—Botham, Richard Henry, King's College.

The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, 8th January, 1885:—Sydney Dukes Ashley, London Hospital; Sydney Arthur Monckton Copeman, St. Thomas' Hospital; John Alfred Fox, Guy's Hospital; Chas. Fryer, Guy's Hospital; Henry Sydney Maudsley, St. Mary's Hospital; Geo. Hyde Melson, Queen's College, Birmingham; John Maynard Pickett, Westminster Hospital; Henry Shirkill, Leeds School of Medicine; Alfred Thos. Guy Watte, Cambridge University.

The following gentleman also on the same day passed the Primary Professional Examination:—Gerald Cree, Middlesex Hospital.

VACANCIES.—Doncaster General Infirmary and Dispensary.—House-Surgeon. Salary, £100 per annum. Applications by January 31st.—Gatehead Dispensary. Assistant-Surgeon. Salary, £120 per annum. Applications to Mr. Joseph Jordan, Honorary Secretary, 2, Side Newcastle, by January 24th.—General Hospital, Birmingham. Honorary Physician. Applications by January 24th.—General Infirmary at Gloucester, and the Gloucestershire Eye Institution. Physician. Applications by February 18th.—Kent and Canterbury Hospital. House-Surgeon. Salary, £80 per annum. Applications by January 23rd.—Kidderminster Friendly Societies' Medical Association. Assistant Medical Officer. Applications to Dr. J. W. Measures, 4, Lion-street.—London Temperance Hospital, Hampstead-road, N.W. House-Surgeon. Salary, £52 10s. per annum. Applications to the Secretary.—National Hospital for Diseases of the Heart and Paralysis, Soho-square. Honorary Assistant Physician. Applications to the Secretary.—Northern Infirmary, Inverness. House-Surgeon and Apothecary. Salary, £50 per annum. Applications to Kenneth MacDonald, Esq., Town Clerk, by January 17th.—Queen's Hospital, Birmingham. Casualty Surgeon. Applications by January 24th.—Queen's Hospital, Birmingham. Resident Physician. Salary £50 per annum. Applications by January 24th.—Solway Lodge of Oddfellows, Whitehaven. Medical Practitioner. Applications by January 17th.—Spalding Union. Resident Medical Officer. Salary, £40 per annum. Applications to A. Maples, Clerk to the Guardians.—Sussex County Hospital, Brighton. Physician and Assistant-Physician.

Applications by February 11th.—Sussex County Lunatic Asylum, Hayward's Heath. Junior Assistant Medical Officer. Salary £100 per annum. Applications to Dr. Williams.—University of Oxford. Lecturer in Human Anatomy. Salary £300. Applications to the Secretary of the Common University Fund, New College, Oxford, not later than February 1st, 1885.—Western Ophthalmic Hospital, Marylebone-road. Assistant Surgeon. Applications by January 17th.—West London Hospital, Hammersmith, W. Physician for Diseases of Women. Applications by January 29th.

APPOINTMENTS.—Armstrong, James, M.B., Edin., L.R.C.S. Edin., one of the Honorary Medical Officers to the Ladies Charity and Lying-in-Hospital, Liverpool; Hart, Charles H., L.R.C.S.I., L.K.Q.C.P., L.M., Medical Officer of Health for Greenwich, Medical Officer to the Miller Memorial Hospital at Greenwich; Moore, Thomas, F.R.C.S., Surgeon to the Miller Memorial Hospital, Greenwich; Nance, H. Chester, L.R.C.P. Lond., M.R.C.S., L.S.A., House-Surgeon to the Norfolk and Norwich Hospital, Norwich; Shaw, John A., M.R.C.S.Eng., re-appointed Registrar to the Victoria Hospital for Children.

Notices of Books.

GANT'S GUIDE TO THE ROYAL COLLEGE OF SURGEONS.*

It is a matter of satisfaction to us to find so signal an amount of favour accorded by students to Mr. Gant's admirable Guide to the College of Surgeons Examinations, and for the reason that whoever employs the work as an aid to reading must, of necessity, in order to obtain the full benefit it can confer, conform to a thorough system of study. The plan of the work is well calculated to enable those who follow it to make the best possible use of time and opportunity; and not the least valuable part of the book is that in which the series of preparations in the College museum is described. We are glad to find that Mr. Gant has, so far as possible, given the new references to these specimens, in accordance with the recently issued catalogue. The new regulations of the combination scheme between the two Colleges are given in full in the earlier portions of the Guide, which also affords every information required by candidates for either diploma of the College of Surgeons.

THE TRANSACTIONS OF THE ACADEMY OF MEDICINE IN IRELAND.† [Vol. II.]

No greater pleasure could be afforded us than that of heralding a second volume of the above Transactions. Our professional brethren of the Sister Isle have furnished many an able and successful member to that profession which in its zeal for the welfare of humanity at large, belongs to every nationality, and is happily above all party distinctions; but while claiming all votaries of medicine as brothers, we especially do our fellow-citizens of Ireland, between whose diplomas and ours no invidious restriction can exist, and we most heartily congratulate the Dublin branch of the faculty on the addition to their library of such a volume as that which forms the subject of our present encomium. Restricted space and time unfortunately debar us from entering as deeply into a description of its valuable contents as we could desire, so we fear we must content ourselves by selecting, *inter alia*, two special papers as eminently characteristic specimens of the manifold excellencies we would fain review in succession. Dr. Moore's able paper on Enteric Fever has captivated our attention by its clear exposition of his system of treatment, alike novel and ingenious. His own description we will endeavour to reproduce: On five separate occasions he administered 20 grains of quinine in two quickly successive doses of 10 grains each. On two occasions the wet pack was employed for two

*A Guide to the Examinations of the Royal College of Surgeons of England. By Frederick J. Gant, F.R.C.S. Fifth Edition. London: Baillière, Tindal and Cox.

†The Transactions in Medicine, edited by William Thompson, M.A., F.R.C.S., General Secretary, &c. Dublin: Fannin and Company, Grafton Street, 1884.

hours at a time to control the pyrexia; and on three occasions at intervals of 48 hours he administered calomel qualified with a grain of opium. Dr. Moore unhesitatingly admits the above may appear somewhat heroic treatment, but the successful result of the case proved the means justified by the end, and it is a method which might well be tried again in a similar case. Of equal interest is Dr. Moxon's admirable paper on Lateral Sclerosis. It is simply tantalizing to be debarred from enumerating several others of eminent scientific value, through the inexorable limits of space and time; we can but add the simple straightforward recommendation to our readers, to get the work and read it for themselves.

AIDS TO PUBLIC HEALTH.*

A well-written clear, compendious little work, an invaluable guide to students about to present themselves for examination after reading larger works on the subject, such, we feel confident will be the unanimous verdict of all ranks of the profession after even a cursory perusal of Dr. Thudichum's recent work bearing the above title. That it is truly an "aid" in every sense of the word will be no less unanimously agreed. The author has judiciously confined himself to those subjects in which every candidate for examination is expected to display proficient knowledge, without wandering into extraneous speculative matter. The author has ensured the practical utility of his work by sparing no pains to provide an ample index at the end of his useful little book, and a no less useful table of contents at its beginning, thus enabling the reader to find any special subject he desires to study at a glance. We feel doubly warranted in warmly advising every candidate for examination to provide himself with so useful and compendious a preliminary guide, inasmuch as we clearly foresee, that his examination ordeal over, he will find the same a no less useful *vade-mecum* for frequent reference in future practice.

Examination Questions.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

EXAMINATION FOR SINGLE QUALIFICATION, JANUARY 7, 1885.

Surgery.—1. Describe the operation of cesophagotomy. In what cases is it necessary? 2. What are the different forms of cystic disease of the antrum, and how should they be treated? 3. Describe the pathology and progress of a fistula in ano, with its treatment. 4. Describe the operation of amputation of the whole of the index finger.

Practice of Medicine.—1. Describe the varieties of scarlet fever, differentiating them from each other as well as from other forms of fever. 2. Describe a pulmonary infarction and its causes, differentiating it from true pulmonary apoplexy. 3. Describe the nature of the joint disease in rheumatoid arthritis; mention the joints which are chiefly and most frequently affected; and give the diagnosis, prognosis, and treatment. 4. Enumerate the causes, describe the symptoms, and give the diagnosis of pyelitis.

Materia Medica.—1. *Silver*.—State the uses of silver as an internal remedy, the dose, various preparations, incompatibles, and antidote. 2. *Rhubarb*.—Describe its therapeutic properties and uses. Mention its chief preparations, with their composition and doses. 3. *Santonin*.—What is it? Mention its properties; its doses; and the mode of administration. 4. *Prescription*.—Prescribe, in unabbreviated Latin, iodide of potassium and lobelia for the treatment of asthma.

Midwifery.—1. In what part of the uterus does spontaneous rupture during labour occur, and how is it caused? Describe the symptoms when rupture is threatened and after it has occurred, giving the treatment appropriate to each of these contingencies. 2. Describe the symptoms that usually usher in an attack of puerperal fever, and give the treatment of a case. 3. What precautions are necessary in the administration

of ergot of rye during labour. 4. Describe the appearance presented by painful urethral caruncle, and give the symptoms and treatment.

Medical Jurisprudence.—1. State the circumstances and appearances which would guide you in determining that an effusion of blood, found in the interior of the skull, was due to violence and not to disease. 2. Explain the manner in which death takes place in drowning. How long a period of entire submersion is required to prove certainly fatal? Describe one of the recognised methods of restoring the apparently drowned. 3. *Phosphorus*.—Describe the kinds of poisoning by phosphorus, detailing the symptoms in acute poisoning. How is it detected in the contents of the stomach.

COCAINE, THE NEW ANÆSTHETIC.

As far back as the sixteenth century the internal use of coca leaves was known, but not to any great extent, for we find that the plant was not generally known in Europe until about 1749, when Lamarck named it *Erythroxylon coca*.

It was well known to the South American Indians, who, we are told, used to chew the leaves whenever they had to endure any great physical exertion.

According to Merck the coca leaf may be divided into five component parts:—

1. Cocaine—the alkaloid.
2. Hygrin—a secondary principle, discovered by Lossen in 1862; very volatile.
3. Ecgonin.
4. Coca-tannin.
5. A peculiar wax.

It was not until 1860 that the alkaloid cocaine ($C_{17}H_{21}NO_4$) was separated by Niemann.

The coca leaves contain from 0.02 to 0.2 per cent. of cocaine.

The crystals of cocaine dissolve readily either in alcohol or ether, but not so easily in water; they belong to the monocline system, and melt at 98° C.

Heated with concentrated hydrochloric acid, cocaine splits up into ecgonin, benzoic acid, and methyl alcohol.

There are five salts of cocaine prepared commercially; they are:—

1. Hydrochlorate—the most used.
2. Hydrobromate—little known.
3. Salicylate—recommended by Dr. Hoffmann, of Baden, for ophthalmic purposes.
4. Tartrate—little known.
5. Citrate—has been successfully used by dentists for anæsthesising the dental nerves.

All these salts are readily soluble in water.

According to Dr. Squibb, "a 4 per cent. solution of Merck's hydrochlorate contains only about 3 per cent. of the alkaloid, or 3.41 per cent. of the hydrochlorate of the alkaloid." Nevertheless, this solution seems to be quite strong enough for all ordinary purposes.

The dose of Merck's hydrochlorate is 0.05 gram.

To procure anæsthesia in ophthalmic cases, it is recommended that two drops of a 4 per cent. solution of the hydrochlorate should be dropped into the eye; after ten minutes, three drops more will after a space of some ten minutes give a complete anæsthesia of about ten minutes duration. Both 1 per cent. and 2 per cent. solutions have been used in painful conditions of the eye with marked success.

* *Aids to Public Health*, by H. W. Thudichum, M.D., L.R.C.P. Lond. President of the West London Medical Society, &c. London: Baillière, Tindall, and Cox, King William Street.

Cocaine administered subcutaneously is said to not only prevent, but also to cure the craving for morphia. Dr. Frend states that he completely cured a case of craving for morphia, in ten days, by injecting, subcutaneously, 0.1 gram. of cocaine three times a day. Merck says that "the effects of subcutaneous injection of a solution of cocaine on human beings appear to be, first, a feeling of warmth, then insensibility to feeling in the neighbourhood of the part in which the injection has taken place, and, finally, a reddening of the skin. After a lapse of thirty minutes matters appear to resume their normal condition."

When injected subcutaneously larger doses are necessary, as much as 0.1 gram. being frequently given.

Cocaine will no doubt be found very useful in operations on the mouth and throat, for when it is brought in close contact with the mucous membrane it immediately produces a temporary insensibility.

Of cocaine as a local anæsthetic absolutely nothing was known until its anæsthetic properties were discovered by Dr. Koller, of Vienna; yet that it had a benumbing effect upon the tongue was well known to its discoverer, Niemann, and it had also been used for spraying the fauces to lessen their sensitiveness.

Dr. Koller says that immediately after the introduction into the eye, by dropping, of a 2 per cent. solution of cocaine hydrochlorate, a burning sensation results, which lasts for about thirty seconds; this is followed by an indefinite sense of dryness, and an entire absence of all sensibility, which lasts for some ten minutes.

Cocaine, according to Dr. Th. Aschenbrandt, has as excellent effect upon the human frame exhausted by diarrhoea.

Administered in small doses, cocaine has an exhilarating effect, but in larger doses it paralyzes the nerve centres.

F. A. B.

ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.
GUY'S.—Medical and Surgical, daily, exo. T., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.
KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th.; Throat, Th. 3; Dental, Tu. F., 10.
LONDON.—Medical, daily, exo. S. 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9.
MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.
ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; Dental, Tu. F., 9.
ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th. 1.
ST. MARY'S.—Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 9.30; o.p., M. Th., 9.30; Eye, Tu. F., 9.30; Ear, W. S., 9.30; Throat, M. Th., 9.30; Skin, Tu. F., 9.30; Electrician, Tu. F., 9.30; Dental, W. S., 9.30.

ST. THOMAS'S.—Medical and Surgical, daily, except Sat. 2; Obstetric, M. Th., 2; o.p., W., 1.30; Eye, M. Th., 2; o.p. daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; Children, S., 12.30; Dental, Tu. F., 10.
UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S. 9.15; Throat, Th., 2.30; Dental, W., 10.30.
WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

OPERATION DAYS AT THE HOSPITALS.

MONDAY - - St. Bartholomew's, 1.30 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Hospital for Women, 2 p.m.
TUESDAY - - St. Bartholomew's, 1.30 p.m.—Guy's, 1.30 Westminster, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—West London, 3 p.m.—St. Thomas's (Ophthalmic Department), 4 p.m.—Cancer Hospital, Brompton, 3 p.m.
WEDNESDAY - St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—Middlesex, 1 p.m.—University College, 2 p.m.—London, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Great Northern Central, 2 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's, 1.30 p.m.
THURSDAY - St. George's, 1 p.m.—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—Chelsea Hospital for Women, 2 p.m.
FRIDAY - - King's College, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Royal London Ophthalmic, 11 a.m.—Guy's, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.—East London Hospital for Children, 2 p.m.—Manchester Infirmary, 11 a.m.
SATURDAY - St. Bartholomew's, 1.30 p.m.—King's College, 1 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's, 1.30 p.m.—Royal Free, 9 a.m. and 2 p.m.—London, 2 p.m.—Manchester Infirmary, 11 a.m.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME and ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

THE PULSE.—A correspondent writes:—"I wish you could get some gentleman to write an article on 'The Pulse' for the Journal, as numerous students on first starting medicine cannot follow up the beats, nor have they any idea as how to go about it. Only on Friday a fellow-student came up to me and said, 'Do you know any book on the pulse which would help me to take it, as after about twelve beats I lose it altogether?' I answered to the best of my ability and showed him; but it is not one but dozens, who, though they don't say they cannot understand it, really don't know any-

thing about it, which is soon found out if the physician follows him in the wards; of course it is lectured on, but they all say 'I cannot get on much better for it.' If you could see your way to assist us I hope you will do so."

MR. LEDLIE.—We are very glad to hear from you again, and as you will see we have made the use you proposed of the matter.

MR. FENN.—We shall have much pleasure in accepting your offer, and will write you respecting it.

F. C. O.—Ewart's "Frog" is, we believe, published by Johnston and Co., at 6s.; the same publisher issues also the works of McAlpine. Osteology—Ward. Medicine—Carter. Many thanks for enclosures and good wishes.

COMMUNICATIONS, LETTERS, &C. RECEIVED.—Dr. Maybury, London; Dr. Armand Semple, London; Mr. F. Anwyl-Butter, Blackpool; F. C. O., Manchester; Mr. Arthur Cooper Fenn, St. Bartholomew's Hospital; Mr. T. Ledlie, Newry; Mr. T. D. Macleod, Hillhead; Mr. A. Higginson, Bolton; Mr. C. T. Chadwick, Manchester; Mr. W. Keal, Oakham; Mr. Hubert Hickman, Bristol; Mr. R. M. Hughes, Maestag; Mr. Denis P. Kenna; Mr. F. C. Bennett, Okehampton.

BOOKS, PAPERS, &C. RECEIVED.—Braithwaite's Retrospect of the Medical Sciences. London, Simpkin, Marshall, and Co. —British Medical Journal—Medical Times and Gazette—Medical Press and Circular—New York Medical Record—Canada Lancet—Le Progrès Medical—The Train, &c., &c.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

WEST's Guide to the Examination of the Chest, 3s., post free.

Muter's Pharmaceutical Chemistry, 4s., post free. A20

FOSTER's Clinical Medicine, 3s. 6d., published at 10s. 6d. A24

BILE, JAUNDICE, and Liver Diseases, by Dr. Wickham Legg, 5s. 6d. A26

WEST and Duncan's Diseases of Women, 6s. 6d. B57

NORRIS on the Physiology and Pathology of the Blood, 2s. 6d.;

Henry Smith's Surgery of the Rectum, Fifth Edition, 2s. 6d.

Bumstead and Taylor's Venereal Diseases, 4s. 6d. B59

BRODHURST on Curvature and Disease of the Spine, Third Edition; Heather Biggs' Manual of Orthopraxy, and Warrington Howard's Treatise on Orthopaedic Surgery; all good as new; the lot, 5s. B60

HANCOCK's Anatomy and Surgery of the Human Foot, 3s.;

Duncan's Diseases of Women, 4s. 6d. B61

WANTED, Holmes' Surgery, Robert's Medicine, Latest Editions, also Laryngoscope and Ophthalmoscope, Address, C. F. W., 47, Jamaica Road.

Answers to numbered Advertisements to be addressed, under cover, care of Baillière, Tindall, and Cox, 20, King William Street, Strand, W.C.

A GUIDE to the EXAMINATION at the Royal College of Surgeons of England for the Diploma of Member and Fellow.

With reference to the new Regulations for the Conjoint Examining Board in England. By Frederick J. Gant, F.R.C.S., Author of the Science and Practice of Surgery.

London, Baillière, Tindall & Cox, King William Street.

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2. Application for admission to the Examination should be made in writing, without delay, to the Director General, Medical Department, War Office, 6, Whitehall Yard, London, S.W., by whom a printed Schedule containing further particulars will be furnished.

(Signed) T. CRAWFORD, M.D.,
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Notes by the Way.

It is only natural that one should feel an interest in one's fellow-students after they have left their *alma mater*, and therefore I feel confident that many of my readers at the London Hospital will feel grateful to me for giving a verbatim reproduction of a circular which came into my hands a few days ago, and which gives a considerable amount of information as to the kind of use one of their former *confrères* is making of his professional attainments:—"Dr. Barton's Provident Dispensary, 2A, Penton Street, N. Three doors from Pentonville Road. Terms—Advice and medicine (in all cases), Fourpence. Visit (including medicine), One Shilling. Midwifery, fee 15s. (in all cases). Vaccination and Teeth Extracted. Consultation hours—Week days, morning from 9 till 12 o'clock; evening from 6 till 9.30 o'clock. Sundays (morning only), from 10 till 12 o'clock. N.B. Resident Medical Officer—H. T. Barton, who begs to inform his patients that he can be seen personally respecting urgent cases at any time, at the above address. Patients to supply their own bottles or pay for them." When duly qualified members of the profession can command such fees as the above, it is not to be wondered at that such an enormous number of students are seeking to enter upon the practice of medicine. It is a money-making pursuit, but it is to be hoped that those who are now studying will not undersell "Dr." Barton when they become qualified. Unfortunately, young practitioners, in their anxiety to get on, often take lower fees than are customary with other practitioners in the neighbourhood. I hope "Dr." Barton will not lower his charges, especially as I understand that one of my old literary friends, Mr. Sheehy, is practising in that neighbourhood, and it would grieve me considerably to know that old professional friends are obliged to reduce their fees in order to compete with new comers in the neighbourhood.

SOME time ago, a doctor in that neighbourhood gave advice and medicine for the moderate sum of twopence, but he was so inundated with patients, that he was glad to get out of it, and enjoy rest and quiet in the country.

AMONG the advertisements which have recently found their way into the medical papers, is one professedly from a lady who wishes to dispose of a complete suite of old English pattern electro-plated spoons and forks of A 1 quality and never used, and for which this generous lady will accept the low sum of fifty shillings. An advertisement similarly worded, and it may be for the same party, has appeared at intervals for some months past, in nearly all the daily and many of the weekly newspapers. The cost of the advertisements alone must have amounted to some scores of pounds, and still the spoons and forks are waiting to be disposed of. Had the "lady" been well advised she would have given away her suite of spoons and forks long ago, instead of wasting her substance in advertising the great

fifty shilling bargain. She may take my word for it that if she can't get rid of her superfluous electro-plated ware by appealing to the general public she will not succeed in getting a buyer from among the medical profession.

ACCORDING to the *Medical Press and Circular*, the Council of the Irish Pharmaceutical Society was occupied at its last meeting in discussing a letter read before it by Dr. Duffy—one of its examiners. In this communication the representatives of Messrs. Leslie, the wholesale druggists of Dublin, addressed the examiner, "trusting" that "he" would do all in his power to get the licence for a *protégé* who was about to present himself for examination. The Council very properly thought that the condemnation of the proceeding expressed by every speaker would be a sufficient intimation to Messrs. Leslie of the Society. This occurrence would indicate that the opinion exists in some quarters that Irish examiners for pharmaceutical honours are open to persuasion.

THE medical officer of the Islington Workhouse appears to have made a discovery of very great interest, and one that must attract considerable attention in professional circles, being no less than the discovery of a new disease. Although public attention has only recently been directed to this disease it appears to have been recognised by the medical officer for a long time past; indeed, the credit of first recognising the disease is said to belong to a predecessor of the present officer. The disease is of a highly contagious character, and appears to attack old and young, and male and female indiscriminately, the chief victims being those who would be pronounced able-bodied by the casual observer; and, as a matter of fact, the symptoms are so obscure that even a well-trained medical man would most probably fail to recognise the disease unless told what peculiarities to look out for. Fortunately, the disease is not of a very fatal character, for, although many hundreds of the unfortunate inmates of the Islington Workhouse appear to have been attacked with the complaint, not a single death from it is known to have occurred. No doubt this immunity from fatal results is due in a great measure to the fortunate discovery of a most effective antidote, in the prompt administration of about a pint of good sound ale or nourishing stout. I don't wish to do the workhouse doctor an injustice, but I believe this remedy was first suggested by one of the sufferers from the complaint, and it acted so promptly in his case, that the doctor always prescribes the same dose and with the happiest results.

THE disease being a new one a name had to be invented for it, and this seems to have puzzled the workhouse doctors more than anything else, but at last it was decided to describe the disease as "labour debility," which term sufficiently indicates the nature of the complaint. As already stated, the disease is of a very contagious character, and spreads so rapidly that there are generally some hundreds of constant

sufferers from it in the workhouse, necessitating the daily dispensing of an enormous quantity of beer. Within the last few weeks some members of the Guardians' Board, who believe in the principles of the Blue Ribbon Army, have had the audacity to question the doctor's treatment of the disease, and even assert that the malt and hop libations tend to aggravate the symptoms rather than alleviate them, and I believe they suggest that the correct treatment would be stimulating applications externally. These differences of opinion have given rise to much unpleasantness, and the Local Government Board have requested the medical officer of the workhouse to report fully upon the outbreak of the epidemic and the remedial measures adopted. No doubt the report will be an interesting one, and Dr. Quain will do well to procure a copy so that he might describe the disease in the next edition of his Dictionary of Medicine.

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CHEMICAL PHYSICS FOR MEDICAL EXAMINATIONS.

It is our intention in these articles to study Physics in a way, which, although we hope by no means uninteresting to general readers, will be more especially adapted to meet the requirements of the primary examination for the license of the Royal College of Physicians of London; and, moreover, we wish to help the student to gain ideas sufficiently intelligent to enable him to apply his knowledge to Chemistry and Physiology, a result, we think, aimed at by the Council when they placed Physics in the syllabus. The advantage of this will be evident; take an instance—every student must have seen in demonstrations on the phenomena of muscle and nerve apparatus used, the principles of which seemed difficult to grasp, but, had he been acquainted with the elements of electricity, would have been obvious enough. This we shall be able to show.

Although all the divisions of the subject mentioned in the syllabus will be fully discussed here, text books may be referred to with advantage; as regards any especial one we can say but little. Two very excellent books, which cover the subject but do not introduce superfluous matter, are * (1) Lees on Acoustics, Light, and Heat (Acoustics may be entirely omitted); (2) Angell on Magnetism and Electricity. Students who wish to go in more fully for the subject should read † Balfour Stewart's Physics. We may mention in addition that the introduction to Fowne's Inorganic Chemistry is excellent for its simplicity.

We will treat of the subjects in the order of the syllabus: Heat comes *first*. Heat, formerly, with almost everything else, was looked upon as a material substance, and one spoke of heat then just as one

does of oxygen now. Modern Physicists have decided that heat is a form of energy. It is assumed that all matter is made up of small particles, called molecules ("molecula," a little mass), and when a body is hot, the molecules of which it is composed are in motion, and by virtue of this motion are capable of doing work; this latter is what is meant by energy; we have defined energy, then, as the power of doing work. That this variety of energy, or heat, passes from one substance to another is obvious. Everyone knows that if they are in a room with a hot fire they will soon become hot. The manner in which heat is propagated will be considered more fully under the heads of convection and radiation. Suffice it to say, for the present, that we suppose the existence of a directly imperceptible, and practically imponderable fluid pervading all space, which we call ether. Although this ether is of extreme tensity we must not consider that it is imaginary, for we have direct proof of its presence in the resistance it offers to the smaller comets, notably Encke's comet. This comet, whose period of revolution is $3\frac{1}{2}$ years, has this diminished every time by $\cdot 11$ of a day. This delay is ascribed by most Physicists to the resistance of the ether. How then is this ether concerned in the transmission of heat? The molecules of hot bodies being in a state of vibration cause a series of waves in the ether, and the ether, as it were, passes these waves on to the adjacent bodies. We must not pursue this subject further, as it would lead us beyond our object, but pass on to the subject of temperature.

By the temperature of a body is meant the *intensity* of heat in that body; for instance, if we shake hands with a friend we may notice that his hand is warmer or colder than ours, *i.e.*, is at a higher or lower temperature.

But, let us pursue the illustration further, and suppose that our friend's hands were hotter than ours. Now, why were we able to recognise the fact? Because heat passed from his hand to ours, making ours warmer. Hence we see that heat passes from hotter to colder bodies, *i.e.*, from bodies at a higher to those of a lower temperature; this is an invariable rule.

Thus, we can, to a certain extent, estimate temperature in two adjacent bodies by noticing from which heat passes. Hence—

(Def.) *The temperature of a body is that state of a body, as regards its power of communicating heat to other bodies, or the state of a body as regards sensible heat.*

Temperature must be carefully distinguished from quantity of heat. We will consider the latter under specific heat, but to give an instance of the difference let us take an old but excellent illustration. If we put a finger into a bucketful of water at 50° C. we shall feel it hot, and if we put a finger into a teacup, taken from that bucketful, it will be equally hot, *i.e.*, the temperature will be the same; but it is evident that the quantity of heat in the bucket is much greater than in the teacup.

We shall begin the subject of the measurement of difference of temperature in the next paper.

(To be continued.)

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University, College, and Hospital Intelligence.

DEVONSHIRE HOSPITAL AND BUXTON BATH CHARITY.

The report of the Committee of Management of the Devonshire Hospital and Buxton Bath Charity, for the past year, states that the Committee are again enabled to report, as they have been allowed to do year by year, the great and increasing usefulness of this charitable institution, adding, as it has done during the last 26 years, to the value of the ancient Buxton Bath Charity, by affording board and lodging, and every desirable care and attendance, to the patients of the hospital. The greater power and usefulness of this building, in consequence of its extension, is most interesting and satisfactory, and must be most gratifying to all who have been more immediately concerned in providing a large part of the funds for the extension, and in carrying it out. The experience of the third year, since the extension has been practically completed, fully confirms the hopes and expectations of all concerned, as to the greater power and opportunity given to the executive of the hospital of adding to the number of the patients, and to the hopefulness of curative results. During the year 2,491 in-patients have been admitted. It will be noticed that this is again a larger number of patients than has ever been received into the hospital during any year. It exceeds the number of patients received during 1883 by 261, and the number received during 1882 by 635, and the number received during 1881 by 889. It is a no less gratifying statement that 496 of these additional patients have been sent to the hospital during the year under the powers of the governors of the Cotton Districts Convalescent Fund, 410 patients having been thus sent to the hospital during 1883, and 234 during 1882, evidencing so far the broader basis which has thus been given to the usefulness of the hospital; and as these patients are not provided for by the subscriptions to the hospital, or by any of its other sources of revenue, they add in no degree to its financial liabilities. Of the 2,491 in-patients, 1,995 are reported as having been discharged improved; 404 as no better. It has necessarily to be regretted that six had to be sent away on account of drunkenness; 14 were discharged at their own request; two were found to be unfit cases; five left without report; three were discharged for misconduct; two were discharged as not being fit objects of charity; five had died; and 55 remained on the books at the end of the year. The number of out-patients admitted during the year was 271, or 35 more than the number admitted during the preceding year. Of these, 246 are reported to have been discharged as improved, two to have been no better, two at own request, 18 left without report, and three remained on the books at the end of the year. The subscribers are again reminded that unreported cases are necessarily unsatisfactory to all concerned. It is a question that can only be dealt with by the recommending subscribers. It is gratifying that many of these patients belong to the less indigent classes of poor people, and deserve every charitable consideration, as not being able to obtain the medical advice and the gratuitous use of the baths and water without the help of this institution; some consist of those who cannot defer the visit to Buxton until available vacant beds are obtainable; and probably the majority of them may not have been able to obtain in-patients' recommendations.

BIRMINGHAM.

QUEEN'S COLLEGE MEDICAL SOCIETY.—An ordinary general meeting of the above Society was held in the Library of Queen's College, on Wednesday, January 14th, the president (Dr. C. W. Suckling), in the chair. The following interesting specimens were exhibited:—"Bones affected with Rheumatic Arthritis, from a horse," by Dr. Windle; "Elongation of Cervix Uteri," by Dr. C. E. Purslow; "Spleen (weighing over two and a half pounds) from a case of Leucocythemia," by Dr. Suckling; "Primary Cancer of the Bladder, involving the Rectum," by Mr. J. Hall-Edwards; "Cancer affecting the Right Ovary," by Mr. S. Barwise. Dr. B. C. A. Windle read a most interesting and carefully written paper "On the

Ethnical Differences of Skulls." The following gentlemen were present at the meeting:—Drs. Barling and Grinling; Messrs. W. Aston, E. L. Freer, Hutcheson, Blakeney, A. F. Clay, Melson, W. T. Elliott, C. D. Fitch, &c., &c.

EDINBURGH UNIVERSITY.

STUDENTS' CLUB BALL.—This annual gathering, which had been postponed for a month in consequence of the death of the late Principal of the University, took place last Thursday night, in the Assembly Rooms, George Street, the attendance numbering about 150 couples. Among those present were Professor and Mrs. Muirhead, Professor Chiene, Dr. Woodhead and Mrs. Woodhead, Dr. Macdonald Brown and Mrs. Brown, Mr. Fitzroy Bell, Dr. H. M. Dunlop, Mrs. Duncan, Mrs. Mason, and Mrs. Alexander. The music was supplied by Mr. Dambmann's band. Supper was purveyed by Messrs. Aitchison and Sons, Queen Street.

STUDENTS' REPRESENTATIVE COUNCIL.—The students in the Faculties of Arts and Medicine in the University of Edinburgh made their annual elections to the Students' Representative Council on Saturday. The following gentlemen were chosen:—Faculty of Medicine—Students of the First Year:—Messrs. R. C. Buist, B.A. Cantab, R. Davies, J. Huskie, F. V. Campbell, W. Smith, J. Mickie, Traill, J. W. Bridges, and Eden. Students of the Second Year:—Messrs. Henderson, Webster, Thin, Dendle, Wade, Crawford, Mackness, Smith, and Richardson. Students of the Third Year:—Messrs. G. W. Moseley, D. R. McConnell, J. Lillie, Scrofield, Bowser, R. P. Jack, Liddell, Barlow, and Wilson. Students of the Fourth Year:—Messrs. R. F. C. Leith, F. W. Collinson, J. T. Thompson, G. A. Scott, H. A. Thomson, R. H. Lucy, J. C. Lamont, R. Stirling, and C. J. Lewis.

THE TRANSATLANTIC CLUB.—A club has been organised by the Transatlantic students in Edinburgh, to be called the Transatlantic Club. The membership is already large. The club is intended to supply a want long felt among such students to secure a means of social intercourse and mutual help and improvement, to provide the best Transatlantic papers and journals, to offer a place of welcome to new comers, and assist them while strangers in the city. The club is not, however, confined to students, all being eligible for membership who are Transatlantic by birth, or have been Transatlantic residents for two years. The club-rooms are in 37, Chambers Street, and are comfortable and commodious. The officers for the present term are:—Mr. R. N. Bell, president; Dr. Anglin, vice-president; Mr. J. R. McIntosh, second vice-president; J. C. Webster, secretary; W. M. Gallie, treasurer.

ST. MARY'S HOSPITAL.

THE CRICKET CLUB.—The Annual General Meeting of the St. Mary's Hospital Cricket Club, was held on Wednesday, the 14th inst., to elect officers for the ensuing season, when the following were elected:—President, Mr. G. A. Critchett; Captain, Mr. E. C. Anderson; Secretary, Mr. F. C. Cardew; Treasurer, Mr. P. P. Whitcombe; Committee, Messrs. R. W. Clayton, H. H. Norton, and W. G. Farquharson.

ST. BARTHOLOMEW'S HOSPITAL.

THE ABERNETHIAN SOCIETY.—At the weekly meeting of the Abernethian Society, on Thursday, the 15th inst., Mr. J. F. Steedman read an interesting and instructive paper on "Gangrene," and an animated discussion followed.

THE FOOTBALL CLUB.—On Saturday the 17th inst. the second fifteen of St. Bartholomew's Hospital played a match against the Belsize Football Club at Neasden, which resulted in a victory for the Barts team by 4 goals & tries to nil. As the Belsize team did not turn up in full force, some of the Barts men played on their side. On Saturday, the 24th inst., the first fifteen will play against H.M.S. Marlborough, at Portsmouth.

DUBLIN.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.—The regularly bi-monthly meeting of the standing committee of this hospital was held on Monday, the 12th inst. The following governors were present:—Lambert Hepenstal Ormsby, Esq., F.R.C.S., in the chair, John V. Cassidy, Esq., Wm. McComas, Esq., C. Sibthorpe, Esq., T. S. Sibthorpe, Esq.,

J.P., G. T. Brooks, Esq., D.L. After the minutes had been read and passed, cheques to the amount of £446 12s. 2d. were signed, as recommended by the Finance Committee. Letters of thanks from Mr. J. H. Wharton and Mr. Fred Stokes were read, acknowledging the receipt of the vote of condolence with them in their late domestic bereavement, passed at the last board meeting. Mr. Cassidy handed in £21 from Messrs. John Power and Son, and proposed that Thomas Talbot Power, Esq. be made a life governor, which was agreed to unanimously, after which the board adjourned.

KILL AND RATHMORE DISPENSARY.—At a meeting of the members of the Kill and Rathmore Dispensary, held on the 15th inst., Dr. D. Coady was appointed medical officer of the district. The vacancy was caused by the resignation of Dr. Hayes, J.P.

NOTICE.

We have much pleasure in announcing that, in response to the appeal of a correspondent, which appeared in our last issue, Dr. J. Milner Fothergill has kindly volunteered to write a series of short papers on "The Pulse." We hope to publish the first paper in our next.

In to-day's issue we commence the publication of a most valuable series of papers on Chemical Physics.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, JANUARY 24, 1885.

EDITORIAL AND PERSONAL.

LIKE the monster gooseberry and the sea serpent, which mercifully come to the assistance of distracted newspaper editors, at a loss for "copy" during the dead season, the question of arsenical poisoning by wall papers is gradually assuming the importance of a periodical sensation. Just now it is once more on the tapis, and is naturally hailed with enthusiasm by those traders who can proudly proclaim their papers free from poisonous colouring. Undoubtedly, mischief does arise in the way complained of, but it is much more probable that the more disastrous effects, traceable to wall papers, are consequent on the filthy custom that prevails of omitting to strip off the old paper before proceeding to hang the new. A good many of our readers will remember how, some years ago, a mysterious succession of illnesses attacked the officers occupying rooms in Knightsbridge Barracks, and the anxiety which was thus provoked until the cause was discovered. This was at last traced to the influence exerted by the mass of decomposing filth on the walls of the rooms, which were covered with layer on layer of every kind and variety of paper, selected in accordance with the tastes of generations of occupants, and all laid on without any attempt at previous cleansing of the walls. Naturally, the accumulated pulp constituted a favourable home for every abomination in the way of filth, and as soon as a thorough cleansing of the place had been secured the quarters were no longer pestiferous or unhealthy. We fancy much of the same kind of thing is productive of more recent mischief.

THE report of Mr. J. Carter Bell for the quarter ending the 31st December, 1884, shows that he has analysed 137 samples, consisting of 107 of milk, 12 of bread, 7 drugs, 6 of water, 3 of flour, and 2 of wine. Of these, 7 were adulterated, namely, 5 milks and two wines. The wines were labelled "Fine old port" and "Fine old sherry," and that was the reason of his buying them. They were innocent of the juice of the grape, and it was subsequently proved that the wines were manufactured in Salford. The total number of samples for 1884 was 580, 379 being samples of milk. Only two serious cases of milk adulteration had occurred during the year, in one instance containing 56 per cent. of water, and in the other 49 per cent. During the last ten years adulteration has steadily decreased in the borough.

A CORRESPONDENT asks:—"Could you, in the JOURNAL, draw the attention of students and medical men to the Medical Section of the Postal Microscopical Society, which seems to be doing very well; but we should be glad of more members. Dr. Kesteven has sent round some excellent slides, notes, &c., on 'Diseases of Brain and Spinal Cord,' with excellent drawings. One or two slides were from cases under Professor Charcot, with drawings, &c., and others by Lane Clark. Another series from Drs. Reid and Turner, of Portsmouth and Plymouth, illustrating growth and varieties of cancer. Another contained slides prepared under Klein, which were very good. I think it would assist students to become familiar with various methods of preparing, and, above all, with the various lesions seen in morbid growths, and it would scarcely take up any time from other work. I hope you will assist our Society if you can, by noticing it in the JOURNAL or otherwise. I am only a member of it, but having gained some useful knowledge, I can speak from experience of it, though only a student."

A MEETING of present and past students was held at Queen's College, Birmingham, on the 14th inst., to consider what steps should be taken to thank Dr. Russell for the services he has rendered them during his term of office as Honorary Physician to the General Hospital. It was decided to present him with a testimonial, and a committee was elected to collect subscriptions and transact all business in connection with it. It was proposed that the testimonial should take the form of an illuminated address, and that the subscription should be limited. The following gentlemen were elected to act as a committee:—Drs. Suckling, Windle, and Ponslow; Messrs. J. Hall-Edwards and A. F. Clay. Should this notice catch the eye of any old pupil of Dr. Russell, who would wish to subscribe, will he kindly communicate with Mr. J. Hall-Edwards, Queen's College.

THE Board of Guardians of Sir Patrick Dun's Hospital met at the Hospital on Wednesday last, the 14th inst., to examine accounts and sign cheques for payment of same. An arrangement has been made by the Provost and Senior Fellows of Trinity

College to pay an annual subscription of £50 to the Hospital on condition that students of the College shall be treated free of charge in the pay ward when suffering from fever. Several such have been successfully treated in the Hospital during the past year. This arrangement is sure to commend itself to everyone, and we congratulate the College authorities and Hospital Governors on their much needed resolution. This will be a great boon to many of our Metropolitan students, and we express the hope that many other teaching centres will follow the noble example thus set them.

A HARD CASE AND ITS REMEDIES.

A CASE has just been disposed of at a Court of Quarter Sessions held in Downpatrick (the county town of Down, in Ireland), which illustrates very forcibly one of the many hardships of dispensary doctors under the Medical Relief Acts.

Dr. McLaughlin, medical officer of the Strangford Dispensary district, sued a woman for a sum of £3, in respect of medical attendance. He attended this woman on a dispensary visiting ticket, or, as it is popularly called, a "scarlet runner." This ticket is an order emanating from the Dispensary Committee of that district, directing the medical officer to attend the person named therein, and entitles the patient to free medical attendance, on the grounds that he or she is too poor to pay for professional services. In this Medical Act it is further provided that "if any person who shall obtain such ticket, shall, at the next meeting of committee in his district, be declared by a majority then present not to be a fit object for dispensary relief, the ticket shall be cancelled, and the holder thereof disentitled to further relief."

Now, what is the position of the doctor? It is simply this:—He is bound to attend the patient so long as the ticket remains uncanceled, whether he sees the patient is entitled to gratuitous attendance or not. And if the ticket is cancelled, on the ground that the patient is able to pay, it may happen, assuming the case to be a bad one, that if the medical man declined to attend any further, he would leave himself open to a grave charge of negligence. This is obviously not an extreme assumption, and might arise any day. In the present case, Doctor McLaughlin attended the defendant on a red ticket, which was subsequently cancelled on the ground that the holder was not entitled to gratuitous attendance, but the doctor continued his attendance for three weeks "on the assumption of the lady," that is, on an implied contract that she would remunerate him for his attendance. The judge held that, in the absence of any implied contract, or, in other words, for want of intimation from the doctor, after the cancelling of the ticket, that he expected payment, that the claim must fall through. The Act is clear and specific in its terms and meaning. While the ticket runs, the doctor is bound to give his attendance without any fee from the patient; when it is cancelled by the local authority, his duty as the medical officer of the district there and then ceases. But, assuredly, in a case such as this, he is the victim. It will at once suggest itself that the ticket

should not issue before full inquiry has ascertained the position of the recipient, and whether he or she has not sufficient means to call in independent medical assistance. The onus, therefore, should be cast upon the signatory of the ticket—that is to say, the member of committee, warden, or other person who attests the fitness of the patient for medical aid at the expense of the union. A decision has been come to, and was referred to by the County Court judge for Down, holding the person signing the ticket liable; but there appears to be some doubt on the point. The Act is silent, and, as the solicitor for the defendant in the above action said, it contained no provision allowing the doctor to go against either the party who issues the ticket, or the one who receives the relief. Doctor McLaughlin has every reason to complain of the hardship which he has suffered under the Medical Charities Act, and to which every dispensary medical officer in Ireland is, at any time, subject. The responsibility, we believe, ought, in all fairness and justice, be thrown upon the issuer of the ticket.

We could quote numerous instances in our own experience of the injustice of the present system, but as this would be useless we shall content ourselves with indicating a few means to mitigate it. In the first place the useless and irresponsible order of wardens should be abolished, and guardians should, as far as possible, delegate the duty of issuing tickets to the relieving officer of the district. Secondly, the adoption of some plan by which tickets improperly obtained should be cancelled independent of the Dispensary Committee, and persons who obtain them under the false pretence of their inability to pay for attendance should be rendered liable to a fine, as is at present enforced against men who leave their families chargeable on the rates. The Irish Medical Association some two or three years ago promoted a bill including, amongst other needed reforms, the power of cancelling tickets upon application to a petty sessions magistrate. This bill was, however, strongly opposed by some members of Parliament, who are the determined opponents of dispensary medical men, yet who, when election time comes round, expect the loyal support of the very persons whose just claims they ignore or treat with the utmost hostility. We are glad to know that it is possible the present Franchise Act may, perhaps, relieve the hard-worked, badly-paid and ignored dispensary officers, as by the provisions of this Act any person being the recipient of poor law medical relief will be disqualified as a voter.

Medical News.

UNIVERSITY OF CAMBRIDGE.—The following candidates have passed the Examinations for Medical and Surgical Degrees, Michaelmas Term, 1884:—*First Examination for the Degree of Bachelor of Medicine.—Chemistry and Physics:*—H. K. Anderson, Caius; Anson, M.A., Trinity; Carling, Colbeck, Caius; Collins, Downing; Crosse, Cavendish; Crosskey, Trinity; Duigan, Christ's; Earl, Cavendish; Gamble, Gott, Caius; Graham, Jesus; Hardy, Jesus; Lazarus, Downing; Low, Clare; Melsome, Queen's; Nix, Caius; Peat, B.A., Cavendish; Reeves, Caius; Russell, B.A., Trinity Hall; Shaw, Jesus; Sheppard, Cavendish; H. E. Smith, Caius; Smith—

son, Christ's; Stabb, Caius; Stokes, B.A., Pembroke; Usher, Caius; Wakefield, Trinity; Wilks, Caius; Williams, Trinity; Wingfield, B.A., Caius; Young, Caius. *Elementary Biology*: Adams, Peterhouse; C. H. Cayley, Pembroke; Chaplin, St. John's; Cobbett, B.A., Trinity; Crosby, Caius; Crosse, Cavendish; Day, Christ's; W. O. Devereux, Selwyn; Eccles; Elmore, Christ's; Gamble, Hill, Jesus; Low, Clare; Low, Caius; Melsome, Queen's; Metcalfe, Trinity; Molson, Emmanuel; Peat, B.A., Cavendish; Russell, B.A., Trinity Hall; Smithson, Christ's; Walker, Pembroke; Wild, Jesus; H. Williamson, Trinity; Wingfield, B.A., Caius. *Animal Biology*: Adami, B.A., Christ's; A. H. Barker, B.A., Trinity; Barnett, B.A., Caius; Bratton, M.A., Caius; Brodie, Cavendish; Bromhead, Jesus; Case, B.A., Pembroke; W. Clarke, B.A., Cavendish; Courtney, B.A., Pembroke; Daggett, Caius; Dickson, B.A., Caius; Drabble, Caius; Edwards, Peterhouse; Fyfe, Caius; Goulston, B.A., Clare; Graves, Caius; F. P. Haviland, B.A., Pembroke; Hicks, B.A., Caius; Hicks, Cavendish; Jaques, M.A., St. John's; Johnson, Caius; Kerr, B.A., St. John's; Rendel, B.A., Clare; Ronald, B.A., Trinity; Scott, Peterhouse; Shaw, B.A., Caius; Stanley, Peterhouse; Taylor, Caius; Trevithick, B.A., Trinity; Tuppen, Caius; White, B.A., Clare; Wickham, B.A., Caius; A. S. Wilson, B.A., Pembroke.

Second Examination for the Degree of Bachelor of Medicine.—Pharmacy and Pharmaceutical Chemistry: Adami, B.A., Christ's; Arkwright, Trinity; Armitage, B.A., Trinity; Baker, Trinity; Barker, B.A., Trinity; Barnard, B.A., King's; Bickersteth, B.A., Trinity; Blakie, B.A., Caius; Bradley, Caius; Bratten, M.A., Caius; H. T. Bulstrode, B.A., Emmanuel; Burd, B.A., Caius; Carey, B.A., Emmanuel; Carter, Pembroke; E. H. Cooke, B.A., St. John's; Cordeux, Caius; H. Cox, M.A., Trinity; Curwen, St. John's; De Jersey, Pembroke; Dewhurst, Trinity; Dickson, B.A., Caius; Donaldson, Caius; Dumergue, Corpus; England, Caius; Ferguson, B.A., Caius; Foster, B.A., Trinity; Goddard, Caius; Graves, B.A., Caius; Griffith, Downing; Hawkins, Caius; Hewer; Heywood, Trinity; Holden, Caius; Howard, Trinity; E. L. Jones; H. R. Jones, B.A., St. John's; Kerr, B.A., St. John's; D. A. Kidd, Trinity; King, B.A., Cavendish; Ledlie, Christ's; Lipscomb, B.A., Caius; Luard, B.A., Catharine; McConkey, B.A., Caius; May, B.A., Trinity; Mitchell, Trinity; Morrice, B.A., Trinity; Muir, Trinity; G. R. Murray, Trinity; Olive, B.A., St. John's; Parker, B.A., Catharine; C. S. Pollock, Trinity; Prowse, B.A.; Punch, St. John's; T. Redmayne, B.A., Trinity; Roberts, B.A.; F. E. Saunders, Caius; Shore, St. John's; Smyth, M.A., King's; Tatham, B.A., Clare; Weber, Trinity; Webster, B.A., Caius; Welsford, Caius; Wilde, B.A., Clare; Winfield-Roll, Christ's; Wyman, Trinity; Wynne, B.A., Catharine; Yeoman, Pembroke. *Human Anatomy and Physiology*: Adami, B.A., Christ's; Beaumont, B.A., Downing; Blaker, B.A., Cavendish; Bromhead, B.A., Jesus; Cautley, King's; Cocksedge, M.A., Caius; Dickinson, Caius; Dutt, B.A., Corpus; England, B.A., Caius; Evelyn, B.A., Caius; Goodman, B.A., St. John's; Griffith, Downing; F. P. Haviland, B.A., Pembroke; Light, B.A., Clare; Luard, B.A., Catharine; Macdonald, Jesus; Miley, B.A., Trinity; Morrice, Trinity; Olive, B.A., St. John's; Rolleston, St. John's; Servaes, B.A., King's; Shore, St. John's; A. S. Taylor, B.A., Pembroke; A. H. Williams, B.A., St. John's; A. S. Wilson, B.A., Pembroke; Wynne, B.A., Catharine.

Third Examination for the Degree of Bachelor of Medicine: Part I.—J. M. Clarke, B.A., Caius; Griffith, Downing; Habershon, M.A., Trinity; G. D. Haviland, M.A., St. John's; Hillier, B.A., Caius; Musgrave, B.A., Magdalene; Piggott, B.A., Emmanuel; Reid, B.A., Cavendish; Ritchie, B.A., Trinity; Sherrington, B.A., Caius; Stericker, B.A., Clare; Turner, Weston, Caius. *Part II*: Emerson, B.A., Clare; Griffith, Downing; Habershon, M.A., Trinity; Knaggs, B.A., Caius; Lyon, M.A., Emmanuel; Rutherford, B.A., Caius; Sherrington, B.A., Caius; Styan, M.A., Trinity; Trott, B.A., Caius; Turner; White-Cooper, B.A., Trinity.

Examination for the Degree of Bachelor of Surgery.—Piggott, B.A., Emmanuel; Shaw, Sidney; Street, M.A., Trinity; Ritchie, B.A., Trinity.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen passed their Primary Examinations in Anatomy and Physiology at a meeting of the Board of Examiners on the 13th inst., and, when eligible, will be admitted to the Pass Exami-

nation, viz.:—Messrs. William H. Blake, student of University College Hospital; William H. Savory, Henry P. Daniell, Frank A. Watkins, and Brereton S. G. Nightingall, of St. Bartholomew's Hospital; Edwin H. Blake, John J. Lewington, George H. Francis, and Alban H. Moxon, of the London Hospital; Henry Saunders, John Hewan, and William L. Mathias, of St. Thomas's Hospital; Arthur Z. C. Cressy, and William A. Slater, of Guy's Hospital; Walter G. Riley, of the Middlesex Hospital; Thomas A. Grieves, of St. Mary's Hospital; Edward Cooper, of Charing Cross Hospital; and William A. Griffiths, of the Westminster Hospital. The following gentlemen passed their examinations in Anatomy only, viz.:—Messrs. Frank J. Wadham, student of St. George's Hospital, Sidney E. Rossiter, Percy V. Dodd, George R. Saunders, and Ernest Loveday, of St. Bartholomew's Hospital; Hugh F. Knyvett, Walter E. Kalbe, Courtney J. Fuller, and Arthur R. F. Evershed, of Guy's Hospital; and Lionel N. Hoysted, of Charing Cross Hospital. The following gentlemen passed their examinations in Physiology only, viz.:—Messrs. Harry W. Rogers, student of the London Hospital, and Alfred Bowles, of University College Hospital. The following passed on the 14th inst., viz., Messrs. Henry A. Edmonds, George A. Padbury, and Francis W. A. Bryden, students of Guy's Hospital; John Hill, William F. Read, John A. Feeney, Charles H. Lewis, Sampson Low, Jonathan E. A. G. Becker, and Arthur J. Cromwell, of St. Bartholomew's Hospital; Edwin Cooke, Reginald T. H. Bodilly, Absolom George, and Evan J. Neville, of King's College Hospital; Ernest H. Crisp, St. Thomas's Hospital; Arthur C. Dornford, London Hospital; George H. Biden and Edward I. Day, Charing-cross Hospital; Edward L. Williams, University College Hospital; and William Challenor, Middlesex Hospital. The following passed in Anatomy only—viz., Messrs. George C. Peachey, Malcolm E. H. Wale, and George W. B. Daniel, of St. George's Hospital; Frank Gilpin and Arthur F. Tyrrell, Middlesex Hospital; and James Bampfylde, Guy's Hospital. The following passed in Physiology only—viz., Messrs. Astley C. Roberts, of Guy's Hospital, and John Bate, London Hospital. The following passed on the 15th inst., viz.:—Messrs. John Nixon and W. G. Heasman, students of St. Bartholomew's Hospital; T. J. Head, G. W. Sequeira, B. H. E. M'Crea, and A. G. B. Lory, of the London Hospital; P. D. Addis, A. P. de Carvalho, and Llewellyn Harris-Liston, of University College Hospital; Benjamin Badcock, of Charing-Cross Hospital; J. H. Prall and R. H. J. Browne, of Guy's Hospital. The following passed in Anatomy only, viz.:—Messrs. S. G. Pender, student of Guy's Hospital; O. R. Harper and J. D. Cree, of Middlesex Hospital; Frank Elias, of University College Hospital; Lawrence Franklin, of St. George's Hospital; and T. W. Sargent, of the London Hospital. The following passed in Physiology only, viz.:—Messrs. Robert Wright, student of St. Bartholomew's Hospital; J. P. Westrup, of King's College Hospital; R. C. Fraser, of Guy's Hospital; D. C. Dunstan of the London Hospital; and Alfred Purvis, of Charing-Cross Hospital. The following passed the second examination under the combined Examining Board for England, viz.:—Mr. C. H. Pilliner, student of King's College Hospital. The following gentlemen passed on the 16th inst.:—viz., Messrs. C. E. Thomas and Harry Baldwin, students of the Middlesex Hospital; H. J. Marston and F. H. Bence, of the London Hospital; G. S. Green, of St. Bartholomew's Hospital; Arthur Shillitoe, C. H. Sharpe, T. A. B. Cooke, and J. W. Roberts, of Guy's Hospital; H. C. Phillips, St. Mary's Hospital; F. W. Davidson, F. W. Croft, and E. O. Cox, of the Westminster Hospital; Ibar MacCarthy, St. George's Hospital; C. M. Lewis, P. H. Whiston, and T. A. B. Plowman, St. Thomas's Hospital; H. H. Roe and William Case, King's College; H. F. Cleveland and G. H. Jauffret, University College Hospital; and S. G. V. Harris, Charing-cross Hospital. The following gentlemen passed in Anatomy only—viz., Messrs. G. J. MacMunn, student at the Westminster Hospital; Edgar Gregson, of St. Bartholomew's Hospital; G. H. Metcalfe and G. A. Slack, Guy's Hospital; F. C. Angear, Charing-cross Hospital; and W. Jones, University College Hospital. The following gentleman passed in Physiology only—viz., Mr. A. R. Nicholls.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, 15th January,

1885:—Robert Crosby, Newcastle-on-Tyne College of Medicine; Augustus Frederick Dimmock, King's College; Frederick Geo. Failes, St. Bartholomew's Hospital; Cornelius Frederic Glinn, St. George's Hospital; Jno. Stuart Hutton, St. Thomas's Hospital; Jno. James Dean Vernon, Guy's Hospital. The following gentleman also on the same day passed the Primary Professional Examination:—Alexander James Adie, Charing Cross Hospital.

Preliminary Examination in Arts.—The following candidates passed this examination on the 8th, 9th, and 10th January, 1885:—Second Division: *Edmund Balding, Rosa Elizabeth Bale, Jno. Wm. Bowd, Herbert Ernest Dalby, Chas. Wm. Daly, Arthur Robert Green, Edwd. D. H. Hawke, Tomás Heywood, Normand Ireland-Smith, John Jackson, *Jno. Morris James, *Edwin Jobbins, Brodnax Knight, Ernest R. Litchfield, Everitt Edward Norton, *Stuart C. M. Nourse, Carroll O'Sullivan, Sidney Herbert Raynes, Arthur Leonard Roper, Alfred Smith, *Stanley John Smith, Fras. Hands Spilsbury, *Richard A. Walter, *Luther Watson, Frank Webb, *Jno. Bayley Williams, Hugh Begbie Wilmot, *Ernest Wells Witham. Those marked * passed also in Elementary Mechanics. The following candidates passed in Elementary Mechanics alone:—John Newington, Thos. Jason Wood. The following candidate passed in Greek alone: Richard Searle Wright.

VACANCIES.—Borough of Cheltenham—Medical Officer of Health. Salary, £300 per annum. Applications by January 26th. Doncaster General Infirmary and Dispensary—House-Surgeon. Salary, £100 per annum. Applications by January 31st. Gateshead Dispensary—Assistant-Surgeon. Salary, £120 per annum. Applications to Mr. Joseph Jordan, Honorary Secretary, 2, Side, Newcastle, by January 24th. General Hospital, Birmingham—Honorary Physician. Applications by January 24th. General Infirmary at Gloucester, and the Gloucestershire Eye Institution. Physician. Applications by February 18th. Ingham Infirmary and South Shields and Westoe Dispensary—Senior House-Surgeon. Salary, £70 per annum. Applications by January 26th. Jessop Hospital for Women, Sheffield—House-Surgeon. Salary, £50 per annum. Applications by January 31st. Mothers' Lying-In Home, Juniper Street, Shadwell, E.—Medical Officer. Applications to Mrs. Ashton Warner, by February 2nd. Naas Union—Medical Officer. Newbridge Dispensary. Salary, £140 per annum and fees. Applications to Michel Flood, Honorary Secretary, Newbridge, to February 6th. Queen's Hospital, Birmingham—Casualty Surgeon. Applications by January 24th. Queen's Hospital, Birmingham—Resident Physician. Salary, £50 per annum. Applications by January 24th. Rotherham Hospital and Dispensary—Resident House-Surgeon. Salary, £100 per annum. Applications by February 1st. Royal Infirmary and General Dispensary, Aberdeen—Dispenser. Salary, £100 per annum. Applications to Mr. W. Carnie, 27, Exchange Street, by February 1st. Sussex County Hospital, Brighton—Physician and Assistant-Physician. Applications by February 11th. Sussex County Lunatic Asylum, Hayward's Heath—Junior Assistant Medical Officer. Salary, £100 per annum. Applications to Dr. Williams. University of Oxford—Lecturer in Human Anatomy. Salary, £300. Applications to the Secretary of the Common University Fund, New College, Oxford, not later than February 1st. West London Hospital, Hammermith, W.—Physician for Diseases of Women. Applications by January 29th.

APPOINTMENTS.—Henry Briggs, M.B., F.R.C.S. Eng., Honorary Medical Officer to the Ladies Charity and Lying-in Hospital, Liverpool; George T. Broatch, M.B., C.M., Assistant Medical Officer in the East Riding Asylum; Ernest Clarke, B.S. Lond., Surgeon to the Miller Memorial Hospital Greenwich; John Clerk, M.B., C.M. Glas., Resident Physician and Superintendent of Knightswood Hospital, Maryhill, Glasgow; W. P. Colman, Civil Acting Surgeon to the 4th Dragoon Guards, Preston Barracks; J. Hedley Crocker, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A. Lond., Medical Officer to the Eccles and District Medical Association, Hampden Grove, Patricroft, near Manchester; W. J. Dodds, M.D., D.Sc., Assistant Medical Superintendent to the Montrose Royal Lunatic Asylum; H. Percy Dunn, F.R.C.S., Assistant Ophthalmic Surgeon to the West London Hospital; W. Kiddle, House Surgeon to Sir Patrick Dun's Hospital, Dublin; Francis J. T. King, B.A., M.B., B.Ch.T.C.D., Resident Medical Officer to the Monkstown Hospital, County Dublin;

W. W. Leigh, M.R.C.S., L.R.C.P., Medical Officer and Public Vaccinator for the Gelligaer "Lower" District of the Merthyr Tydfil Union; E. G. Levinge, A.B., M.B. (Univ. Dub.), L.M., L.R.C.S.I., Medical Superintendent of the Mount View Asylum, Wellington, New Zealand; Robert Maguire, M.D. Lond., M.R.C.P., Physician to Out-Patients, St. Mary's Hospital, Paddington; Henry James Moxon, L.D.S., Dental Surgeon to the North Surrey District Schools, Anerley; William Thorburn, M.B., B.S., B.Sc. Lond., House Surgeon to the Clinical Hospital, Manchester.

PHARMACEUTICAL SOCIETY OF IRELAND.—At the preliminary examination held on the 5th inst., the following gentlemen passed:—Andrew Allen, H. W. Irvine, Eugene McSweeney, E. S. Hawthorne, Charles Cosbie, Nathaniel Agnew, James Bronte and J. W. Sheil equal, Wm. Corbett, Edward A. Long and Thomas Marr equal, and John Doonan. At the examinations for the licence held on the 7th, 8th, and 9th, the following gentlemen passed:—T. R. Connelly, W. H. Bowers, Samuel Wilson, Joseph Calvert, J. G. Gilmor.

Examination Questions.

EDINBURGH TRIPLE EXAMINATION, Jan., 1885.

Chemistry.—1. Explain the following terms, and illustrate their use by examples:—allotropy, isomerism, and nascent condition. 2. State what you know of the solubility in water of the following substances: nitrate of potassium, dipotassium sulphate, uric acid, urate of ammonia, urea, calcium chloride, calcium sulphate, barium sulphate, iodine, potassium iodide, oxygen, nitrogen, ammonia, silver nitrate, silver chloride, sulphur dioxide, carbon monoxide, carbon dioxide, ammonio-magnesian-phosphate; how would precipitates be obtained from any two of the foregoing? 3. How is nitric acid prepared? Giving equations. How is it recognised when dilute? 4. What volume of oxygen is required to burn two litres of marsh gas (CH₄) and how many litres of carbon dioxide are produced?

Histology.—1. Describe fully the microscopic structure of voluntary muscle. 2. Describe a pigment cell, and state in what parts of the human body they normally exist. 3. Describe a nerve fibre and mention how the cerebro-spinal nerve fibrils differ from those of the sympathetic system.

Elementary Anatomy.—1. Describe the first rib. 2. Describe the flexors and pronators on the front of the forearm. 3. Describe the radio ulnar joints. 4. The *Arillary Artery*.—State where it begins and ends and how it is subdivided.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

MONTHLY EXAMINATION, JANUARY, 1885.—LICENSE TO PRACTISE MEDICINE.

Midwifery and Diseases of Women.—1. Describe the predisposing causes, the symptoms, and treatment of rupture of the uterus. 2. How will you manage the delivery, when there is delay in the birth of child's head, in pelvic presentations? 3. What would be the symptoms, the observance of which, in a pregnant woman, would make you apprehensive of convulsions during her labour? 4. Describe a case of phlegmasia dolens, the symptoms and treatment. 5. What are the different causes of delay during the second stage of labour, the head presenting?

Practice of Medicine and Therapeutics.—1. What are the diagnostic signs of "idiopathic anaemia"? 2. Describe poecriasis. What is the nature and treatment of this disease? 3. Give your diagnosis and treatment in the following case:—"patient, *æt.* 30; ill one week, increasing dyspnoea and orthopnoea; very restless and tossing about; pulse quick and small; constant cough; expectoration semi-transparent and tenacious; sibilant rhonchi in upper parts of both lungs and mucous rales in lower parts." 4. In what affections are bed sores likely to be met with? How would you endeavour to prevent their occurrence, and treat them if they should form? 5. What are the modes in which an aneurism of the arch of the aorta may cause death? 6. Give the symptoms of the affection described under the term "sick headache." State what you consider the nature of, and most suitable treatment for, this complaint. N.B.—All prescriptions given in answer to any of the

questions in this paper are to be written in full, and to include suitable directions.

Medicine and Pathology.—1. Enumerate the symptoms commonly observed in a case of uncomplicated typhus fever during the first and second weeks of the disease. 2. Give the causes, symptoms, and treatment, of acute gastric catarrh. 3. Give the causes, symptoms, and treatment of perityphilitis. 4. Describe the appearance of the liver in a case of disseminated cancer of this organ. 5. What is the usual origin of a pulmonary embolus? Describe the appearances seen when a middle-sized branch of the pulmonary artery is obstructed by an embolus. 6. What is the nature of the pathological condition of the skin in common acne?

Medical Jurisprudence.—1. Describe the symptoms of poisoning by belladonna. How is death caused? 2. What are the post-mortem appearances in death by starvation? 3. Describe the means of distinguishing between real and feigned general paralysis.

Hygiene.—1. What are the most usual impurities in drinking water? How would you detect them? 2. Outbreaks of enteric fever have occurred through the milk supply of towns; how has this been caused?

Lines to Old Students.

I pondered by the bed side,
I walked about the room,
The stillness of my patient
Filled my mind with deepest gloom.
The os was firm and rigid,
Not a fibre of it stirred,
And the beating of my own heart
Was the only sound I heard.

I sat me by her right side,
I watched her pale, pale cheek,
But as it grew still paler
I did not dare to speak.
I watched her for a moment,
Then asked her for a word,
But the beating of my own heart
Was the only sound I heard.

It came not—no, it came not,
The night was passing on,
I knew not but my patient
And her focus might be gone.
To the precepts of my teacher
A happy thought referred,
When he told me most profoundly
What sounds were often heard.

The stethoscope then gently,
I pressed it to her side,
As though she'd been an angel,
Or were to be my bride.
I pressed it nearer, nearer, nearer,
The sound still clearer, clearer, clearer,
I did not speak, no! I did not speak a word,
For the beating of the foetal heart, was the
Only sound I heard.

M. B. (T. C. D.)

Notices of Books.

HANDBOOK OF MIDWIFERY FOR MIDWIVES.*

It is with the utmost satisfaction we find that so useful a work as Burton's Handbook has passed through a second edition in so short a time, and that the translator has so revised the work as to present it more in the character of a book of English origin than in the shape of a German publication superficially Anglicised. With the greatest judgment, several omissions and alterations have been made in this recent edition

* Handbook of Midwifery for Midwives. From the German, by J. E. Burton, M.R.C.S., L.R.C.P. Lond., Surgeon to the Hospital for Women, &c. Second Edition. London, J. and A. Churchill, 11, New Burlington-street, W.

to suit the requirements of English midwives, due allowance being thus made for such minor differences as exist between German and English practice, while valuable notes have been added, easily distinguished from the original text by being enclosed within brackets. But, while adding, with excellent tact and judgment, these highly useful adjuncts, the able translator has sedulously adhered to the main body of the text, and, moreover, has preserved it as it appeared in the earlier edition. We can offer no higher encomium on our translator's labours than to say his additions and alterations are, unexceptionally, embellishments. To those for whom it is originally designed, we warmly commend it as a work of invaluable practical utility; to all members of the profession as a little manual of incontestible merit, which all may study with the greatest advantage, and the clearness, conciseness and precision of which will undoubtedly be appreciated by all.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Bailliere, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

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THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

MR. LEDLIE.—Many thanks for your suggestion. We shall be greatly obliged if you will kindly carry it out, as we are anxious to possess a representative at every centre of medical education. Your other suggestion involves serious considerations, among which cost holds a prominent place. As success encourages, the outlay, however, will be made.

H. L. G. should make application to the Secretary of the Society for the Cure and Study of Inebriety, at the Medical Society, Chandos Street, Cavendish Square, London, W.

MR. A. W. KERR.—Being dependent on the *bona fides* of correspondents for such items of news, we are unable to check their authenticity. In the case in question the errors appear to be more literal than intentional. We regret the occurrence.

MR. McARTHUR's request shall be complied with.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. A. C. Maybury, London; Dr. C. Armand Semple, London; Mr. Mr. H. Henderson, Edinburgh; Dr. J. Brindley James, London; Mr. Thomas Ledlie, Newry; Mr. J. Hall-Edwards, Birmingham; Mr. A. Cooper Fenn, St. Bartholomew's Hospital; Mr. Anwyl-Butter, Blackpool; H. L. G., Edinburgh; Mr. F. O. Cardew, St. Mary's Hospital; Mr. A. W. Kerr, Evenwood; Mr. C. W. Morgan, Belfast; Mr. F. J. Spilbury, Cradley Heath; Mr. McArthur, Glasgow.

BOOKS, PAPERS, &c., RECEIVED.—The Year Book of Treatment for 1884. London: Cassell and Company—How to Prolong Life, by G. De Lacy Evans, M.D., M.R.C.S. (Bailliere, Tindall, and Cox)—Diseases of Children, by Dr. Goodhart (J. and H. Churchill).

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TO SUBSCRIBERS.

The Publishers regret that they were unable to supply many occasional Subscribers to the GAZETTE on Saturday last, as the Edition was sold out before noon, notwithstanding that the usual number was printed.

The large increase which has taken place in the sale of the GAZETTE since the 1st of January, indicates that the recent alterations and improvements are appreciated.

In order to prevent disappointment in future, the Publishers recommend everyone desiring copies of the GAZETTE to become REGULAR SUBSCRIBERS, and send Orders direct to the Office or through the Local Agents at the various Hospitals and Colleges.

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Vide above.

MEDICAL DEPARTMENT, WAR OFFICE.

20th December, 1884.

AN EXAMINATION of CANDIDATES for Thirty-two Commissions in the Medical Staff of Her Majesty's Army will be held at the London University, Burlington Gardens (by permission of the Senate) on the 9th of February next and following days, at 10 o'clock a.m.

1. Candidates having two qualifications, one to practice Medicine, and the other Surgery, under the Medical Act, and who are not under 21 nor above 28 years of age at the date of the London Examination are eligible to attend.

2. Application for admission to the Examination should be made in writing, without delay, to the Director General, Medical Department, War Office, C, Whitehall Yard, London, S.W., by whom a printed Schedule containing further particulars will be furnished.

(Signed) T. CRAWFORD, M.D.,
Director General.

The List will close on Saturday, 31st January, 1885.

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With reference to the new Regulations for the Conjoint Examining Board in England. By Frederick J. Gant, F.R.C.S., Author of the Science and Practice of Surgery.

London, Bailliere, Tindall & Cox, King William Street.

Notes by the Mag.

AFTER encountering fearful hardships, overcoming innumerable obstacles, and fighting several desperate engagements with the fanatical followers of the Mahdi, against tremendous odds, the gallant little band which forms the Khartoum Relief Expedition is at last in communication with the noble and brave General Gordon; and the British public have the proud satisfaction of knowing that the rescue of the garrison, which has been hemmed in by the Sudanese rebels for many months, is practically accomplished. But at what a fearful sacrifice of British blood and treasure! And for what purpose no one seems able to conjecture. The Government ostentatiously repudiates any intention of retaining the Sudan when conquered, or even of maintaining British supremacy in Egypt. Indeed, they are now making arrangements to hand over the land of the Pharaohs to the tender mercies of a European Commission, dominated by France and Germany, neither of whom has spent a penny, or risked the life of a single soldier, to rescue Egypt from anarchy and ruin. The policy of "Rescue and retire" is a very lovely one in theory, but one feels that the game is scarcely worth the candle when the bill of costs is added up, including the loss of hundreds of brave British troops, many medical officers, and other non-combatants, in addition to the expenditure of many millions of money wrung from the uncomplaining British taxpayer.

WEDNESDAY was rather a warm day at the College of Surgeons' Final Examination. Only three candidates, out of 24 who presented themselves for examination, passed in medicine and surgery. Of the remainder, eight passed in surgery only, and thirteen less fortunate were recommended to pursue their studies for a further period of six months.

THE Dynamitards have at length scored a big success. For a long time they have threatened to blow up our public buildings, and at last they have succeeded in seriously damaging both the House of Commons and the Tower of London. Unfortunately, the explosions have resulted in the serious injury of several visitors to these buildings, besides nearly killing two policemen. The reckless devilry of the dynamitards calls for the reprobation of all lovers of public order, and everyone must ardently wish that the police may succeed in capturing, and bringing to justice, the authors of the outrages. The Government is greatly to blame for not dealing with the conspiracy with a strong hand at first. When Gallagher and his fiendish associates were caught, red-handed, some time ago, they should have been tried by court-martial for treason, and promptly shot. To treat such wretches as ordinary criminals is trifling with them. Penal servitude has no terrors for them, and nothing short of prompt and ignominious death, as soon as caught, will deter the conspirators from carrying out their designs. It is noteworthy that in the use of dynamite, as in other things, practice makes

perfect. In the early days of these outrages little or no damage was done by the explosions, but, profiting by the lessons learnt from the failures of the past, those who are deputed to carry on the dynamite war execute their commissions with secrecy, and with destructive effect. No doubt more surprises are in store for us.

DR. WALKER, of Spondon, near Derby, writes to the *Medical Press and Circular*, directing attention to what he conceives to be a miscarriage of justice. At the Leicester Assizes, last autumn, Dr. David Bradley, of Brimington, near Chesterfield, was convicted of an attempted indecent assault upon a married woman, and sentenced to two years' imprisonment with hard labour. Dr. Walker states the facts of the case as follows:—"A patient named Eliza Swetmore, a married woman of about 25, came to consult him, and after being with him for a period of five minutes, went into the next house, and said she had been criminally assaulted twice; that she resisted him all she could, and cried out for assistance; that the crime was effected under circumstances and in a manner which seems quite impossible. Such was the gist of her evidence at the trial. The door between the two rooms was at the time ajar, and there was no sound of struggling or disorder, according to the testimony of the woman of the house, who was in the adjacent room, and the only sounds she heard were 'Oh! doctor, don't.' Swetmore, it was shown in evidence, is a confirmed epileptic, the daughter of a man who has been confined in an asylum, and had a fit shortly after in the same house. She was soon after examined by Mr. Ambrose Palmer, surgeon, of Whittington, but no evidence in the shape of abrasion, or other marks, was found to support her statement. Notwithstanding the gross improbabilities of her evidence, the jury convicted Bradley, not of criminal assault (for which he was indicted), but of attempted assault, and the judge, after a severe address, sentenced him to two years, with hard labour. Now, I appeal to the common sense of your readers, if it is possible for a man to have committed the crime twice in the space of five minutes under impossible difficulties, she all the while resisting and calling out for help, without attracting the notice of a person in the next room, the door being all the while ajar! The great omission on the part of the defence was in not bringing before judge and jury the fact that epileptics are frequently the subjects of delusion, erotic and other (after a fit), and that there was strong probability that the woman had an attack at the surgery, and awoke with this delusion. There is a widespread feeling in the profession hereabouts that Bradley has been wrongly convicted, and a memorial to the Home Secretary has been extensively signed."—A copy of the memorial is lying at the office of the *Medical Press and Circular*, 20, King William Street, Strand, for the signatures of medical men who think that the guilt of the accused has not been clearly proven.

THE Football competition for the Hospitals' Challenge Cup is this week in full swing. On

Monday, St. Mary's met St. Thomas's team, but the match was a poor affair; St. Mary's being unable to get a full team together, were obliged to go into action two men short. Had they played full strength it is scarcely probable that they would have succeeded in beating their formidable opponents, as it was they were defeated by six goals, and many minor points, to nothing. On Tuesday, Charing Cross met Middlesex, and a good fight resulted, but from the first it was evident that the former team were over-matched, although they played a capital uphill game. Ultimately Middlesex were hailed the victors by one goal, four tries, and six minor points to love. On Wednesday the two crack teams, St. Bartholomew's and St. George's, met to try conclusions, and as I anticipated some fine play was exhibited. Both sides fought like Trojans and each scored a goal. After playing out time, no other point being scored, the match ended in a draw.

AFTER having been announced for some considerable time, the first two volumes of "Lewis's Practical Series" have been issued, the first on "Orthopædics," by Mr. H. A. Reeves, Surgeon to the London Hospital, and the second on "Dental Surgery," by Mr. W. A. Barrett, Dental Surgeon to the London Hospital. The works, as is usual with all Mr. Lewis's publications, are well got up as regards printing and binding, and appear to be intended to compete with Cassell's Series of Manuals, which have met with such marked success. The run appears at present to be upon small concise medical handbooks like the above and Churchill's "Guide" Series, the latest addition to which is the "Diseases of Children," by Dr. Goodhart. It is a splendid little work and will have a large sale.

PERIPATETICUS.

Original Papers.

NOTES ON ANATOMY.

By G. M. DARTNELL, L.R.C.S., &c.

(Continued from page 23.)

UPPER EXTREMITY.—Continued.

RADIAL AND ULNAR ARTERIES COMPARED.

The radial gives off *one* recurrent branch and the ulnar *two* recurrences. The radial has its nerve near it above but away from it below. The ulnar artery has its nerve away above but alongside it below. The radial is comparatively superficial—the ulnar is completely covered. The radial has anterior and posterior carpal arteries—the ulnar also has anterior and posterior carpal arteries. The radial interosseous arteries are in the hand—the ulnar interosseous arteries are in the forearm.

The radial artery has 12 branches:—

- 4 in the forearm
- 4 in the wrist
- 4 in the hand.

The ulnar artery has 8 branches:—

- 4 in the forearm
- 2 in the wrist
- 2 in the hand.

The radial artery supplies 1½ fingers.

The ulnar artery supplies 3½ fingers.

SUPINATOR RADII LONGUS MUSCLE.

Origin.—Upper two-thirds of the external condyloid ridge of the humerus, and from the external intermuscular septum.

Insertion.—Into the styloid process of the radius.

In front.—Integument and fascia above, and below it is crossed by the extensor ossis metacarpi pollicis and extensor primi internodii pollicis.

Behind.—Humerus, extensor carpi radialis longior and brevior, the insertion of pronator radii teres, and the supinator brevis.

Inside.—Brachialis anticus, musculo-spiral nerve, radial recurrent artery, radial vessels and nerve.

Nerve.—Musculo-spiral.

Action.—Supinates the forearm and hand.

Note.—The relations of the extensor muscles of the forearm are given looking from without inwards.

EXTENSOR CARPI RADIALIS LONGIOR MUSCLE.

Origin.—Lower third of external condyloid ridge of the humerus, and from the external intermuscular septum.

Insertion.—Base of metacarpal bone of index finger.

In front.—Supinator longus, fascia of forearm, tendons of extensor ossis metacarpi pollicis, extensor primi internodii pollicis, and extensor secundi internodii pollicis.

Behind.—Elbow-joint, extensor carpi radialis brevior, back of wrist.

Nerve.—Musculo-spiral.

Action.—Extends the wrist and forearm on the arm.

EXTENSOR CARPI RADIALIS BREVIOR MUSCLE.

Origin.—External condyle of humerus; external lateral ligament of elbow-joint; from a strong aponeurosis which covers its surface; from the intermuscular septa between it and the adjacent muscles.

Insertion.—Radial side of base of the metacarpal bone of the middle finger.

In front.—Extensor carpi radialis longior, extensor muscles of thumb (extensor ossis metacarpi pollicis, extensor primi internodii pollicis, extensor secundi internodii pollicis).

Behind.—Supinator brevis muscle, tendon of pronator radii teres, radius bone, wrist joint.

Outside.—Extensor carpi radialis longior.

Inside.—Extensor communis digitorum.

Nerve.—Posterior interosseous.

Action.—Extends the wrist, and then the forearm on the arm.

EXTENSOR COMMUNIS DIGITORUM MUSCLE.

Origin.—External condyle of humerus; from the deep fascia and intermuscular septa between it and the adjacent muscles.

Insertion.—It ends in four tendons, which are inserted into the second and third phalanges of the four fingers.

In front.—Fascia of the forearm and hand; posterior annular ligament; integument.

Behind.—Supinator brevis, extensor muscles of the thumb and index finger, posterior interosseous artery and nerve, wrist joint, carpus, metacarpus and phalanges.

Outside.—Extensor carpi radialis brevis muscle.

Inside.—Extensor minimi digiti, extensor carpi ulnaris.

Nerve.—Posterior interosseous.

Action.—Extends the middle and the ring fingers, and helps to extend the index and little fingers.

EXTENSOR MINIMI DIGITI MUSCLE.

Origin.—External condyle of humerus; intermuscular septa between it and the adjacent muscles.

Insertion.—Second and third phalanges of little finger.

In front.—Fascia; integument.

Behind.—Extensor secundi internodii pollicis, extensor indicis, extensor ossis metacarpi pollicis.

Outside.—Extensor communis digitorum.

Inside.—Extensor carpi ulnaris.

Nerve.—Posterior interosseous.

Action.—Extends the little finger.

EXTENSOR CARPI ULNARIS MUSCLE.

Origin.—External condyle of humerus; middle third of posterior border of ulna below the anconeus muscle; fascia of forearm.

Insertion.—Base of metacarpal bone of little finger.

In front.—Fascia of forearm.

Behind.—Ulna; deep layer of muscles.

Outside.—Extensor communis digitorum.

Nerve.—Posterior interosseous.

Action.—One of the extensors of the wrist; also helps to extend the forearm upon the arm.

(To be continued.)

THE PULSE: HOW TO FEEL IT AND WHAT IT TELLS.

By J. MILNER FOTHERGILL, M.D.,

Physician to the City of London Hospital for Diseases of the Chest, &c.

THE EDITOR of the HOSPITAL GAZETTE AND STUDENTS' JOURNAL has recently drawn my attention to the letter of a correspondent, who writes that he has a difficulty about feeling the pulse, and wants some help in the matter. Now, medical men must have sympathy with a student experiencing the same difficulties they themselves encountered at a like period of life, and feel a desire to help them. Not being familiar with medical teaching, and not mixing much with students, the writer feels a difficulty as to where to start—if, indeed, a man not engaged in medical teaching can have anything to say worthy of a student's attention. He has no wish to insult the intelligence of students, but he feels he must "begin at the beginning," and in order to help the said correspondent, and those of whom he speaks, must start off with the assumption that the student is trying to feel the pulse for the first time. Why does

he want to feel it? It is no use groping for it without knowing why it is desirable to feel it. Because it is desirable to ascertain the condition of the arterial system. But what has that got to do with the patient's disease? he naturally asks himself, if not somebody else. It has got a very great deal to do with the patient's condition, whatever the disease. The pulse is the blood-wave of each cardiac contraction, passing along the arteries. Consequently, it tells how quickly the heart is beating, that is one matter; the simplest of all connected with the pulse. Then it tells how full the arterial system is. "What," asks the student, who has not been giving his mind to the matter, "What's that?" He has not had out his physiology class, or has not attended to what the lecturer said. When the arteries are full of blood each artery is round, and comparatively hard; when the arterial system is not well filled with blood the artery is slack. In the first case, when the finger is pressed on the artery, the vessel is felt to beat against the finger; when slack, the pulse is obliterated. When the heart is beating vigorously, the pulse is easily felt. "Go on!" says the student. Well, you will find as you get along with your studies, my young friend, that the comparative fullness of the arterial system is a very great matter; diagnostically, prognostically, and therapeutically. But these are words which have, as yet, no familiar sound about them to your ears. When the pulse-wave travels along an artery, the artery is elongated, and its diameter is increased; this change is the "pulse." Such movement goes on in every artery, but can only be felt in such arteries as lie near the surface. The usual place for taking this observation is the wrist, where the radial artery runs under the skin, with hard tissues at the back of it, against which the artery can be pressed, and so it can be "felt." Another place is in front of the ear, where the temporal artery runs betwixt the skin and the upper portion of the lower jaw. Then the brachial can be readily felt; and it is well to feel these different arteries, in order to compare one with the other, and so better understand the pulse.

And now one word of plain speaking. Some things can be pointed out to the eye, and once noted, present no further difficulty. Such, however, is not the case with the pulse. To understand it, personal thought is necessary. It belongs to that department of study where no teacher can do the thinking for the student. If the latter be really desirous of knowing something about the pulse, he must give his mind to it. His intelligence must be in acute sympathy with his finger-tips, and his thoughts must not be wandering elsewhere, but be concentrated on the arterial system. This is knowledge he must get by the sweat of his brow; and a little of his scanty leisure time must be given to feeling his own pulse, and that of anyone else who will let him. (It is well to avoid a young lady's radial artery, else the attention will probably wander. This, by the way!) Feel young arteries; feel old arteries; learn to know each, so that you could tell them blindfold.

At first, some difficulty is usually experienced in "catching" the artery. Look up Gray, and you will see the radial artery running in a sulcus at the out-

side of the forearm, betwixt the tendon of the flexor carpi radialis, and that of the supinator longus, passing out of sight (and feel too) at the wrist. Then apply your finger to the spot indicated, and catch the artery, and feel intelligently. Feeling the pulse is a matter of education as much as looking through a microscope. Repeat the experiment daily, until the artery can be readily caught. Then take your watch and count the beats. Many an odd moment can so be utilised, as when waiting for a friend, or for your breakfast, for that matter. Having learned to readily catch the pulse, something more can be said about what it tells you. It is best caught where it travels over the styloid process, outside the flexor tendon of the wrist. It keeps its place with fair ordinary regularity, and once found is not difficult to catch afterwards.

Without such preliminary education, it is impossible to feel the pulse with any prospect of learning something from so doing.

(To be continued.)

NOTICE.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Examination Questions set at the Royal College of Physicians of London for the License (third part or final) will be given in our next number.

The Hospital Gazette.

SATURDAY, JANUARY 31, 1885.

EDITORIAL AND PERSONAL.

At the meeting of the Leek Improvement Commissioners, Dr. Ritchie, medical officer of health, reported that it was a startling fact that since the insurance of lives of children had become common, the rate of mortality in Leek amongst infants under one year had increased from 15 per 1,000 to 186, the average of the last seven years being 170 per 1,000. The report produced quite a sensation.

THE valuable library of the late Dr. Angus Smith has been presented to the governors of Owen's College. Alderman Hopkinson, in making the presentation, explained that on the death of Dr. Smith some of those who had the privilege of his personal friendship were desirous of testifying their appreciation of the work he had done, and had, therefore, purchased his library for presentation to the College, so that it might be saved from dispersal and retained within the city as a permanent memorial. The library, an extremely valuable one, contains about 3,500 volumes, exclusive of a number of blue-books upon technical subjects.

THE Board of Governors of the St. Mark's Ophthalmic Hospital, Dublin, met on Monday, the 19th inst., and proceeded to elect a house surgeon in

succession to Dr. Keane for the year commencing 1st prox., when Mr. W. A. Denning, M.B., B.Ch., T.C.D., was unanimously elected. After the transaction of remaining business, which was of a routine nature, the Board adjourned.

THE report of the Meath Hospital and County of Dublin Infirmary, for the year ending 31st March last, shows that the institution continues to be increasingly useful. During the past year the number of cases treated as intern patients, and the number of extern accidents and dispensary cases shows a considerable increase over past years. The income of the hospital for the year ending 31st March, 1884, was £3,489 2s. 4d. The expenditure for the same period was £4,014 12s. 9d., leaving a deficiency on the year of £525 10s. 5d., which, added to the balance due from previous year of £727 12s. 4d., causes the accounts to be closed with a balance against the hospital of £1,253 2s. 0d. In the distribution of the Dublin Hospital Sunday Fund the proportion allotted to the Meath Hospital was £351 13s. 10d. During the past official year (1st April, 1883, to 31st March, 1884), the average number of beds occupied has been 79·87, which are distributed between medical and surgical cases in the proportion of two to three.

At the annual meeting of the members of the Manchester Medical Society, held in the Society's library at the Owen's College, Mr. C. J. Cullingworth, the honorary secretary, read the report, which stated that with the close of the year 1884, the Manchester Medical Society completed the fiftieth year of its existence. Its numbers were greater than they had ever been, and were still steadily increasing. During the year, twenty-eight new members had been elected, while, on the other hand, the society had lost fourteen members by resignation and removal, and two by death. The two who had died were both members of many years' standing, Mr. Joseph L. Fletcher having been elected thirteen years ago, while Dr. Joseph Stone was one of the oldest members on the roll. Notwithstanding those various losses, the number of members now on the Society's roll is 240, being ten more than last year. At the beginning of last year the committee received an intimation that the late Mr. Robert Holt, bookseller, of Shudehill Market, Manchester, had bequeathed to the Society the sum of £500 ordinary stock of the South Eastern Railway Company, free from legacy duty. The executors now announced that they were prepared to pay over to the treasurer the present value of that legacy, viz., £650, with the dividends that had fallen due since the death of the testator, less a certain proportion of the legacy duty, which the state was insufficient to pay in full, as the will directed. The library had been increased during the year by 302 volumes, and it now contained 28,118 volumes besides a number of unbound pamphlets. During the year, 1,530 volumes had been circulated among 170 members, whilst more than 7,000 volumes had been issued to students. The statement of the treasurer (Dr. Little) showed that the income of the Society, including a balance at the commencement of the year of £144, members subscriptions £350, and a contribution from Owen's College of £100,

amounted to £620. The expenditure side of the accounts showed that after all necessary expenses had been defrayed there remained a balance in hand of £139.

At the monthly meeting of the board of the Manchester Royal Infirmary, held on Monday, the Mon-sall Hospital committee reported that Alderman Scholfield and the deputy-chairman of the Health Committee had recommended the payment of the deduction which had been made by the Manchester Corporation from the accounts for the maintenance of patients there. A number of suggestions were made by the committee as a basis of arrangement between the infirmary and the corporation, which included the carrying into effect of the proposals lately made for the extension of the hospital.

THE committee of the Hospital for Consumption, Manchester, announces that donations to the amount of £9,339 5s. 6d. have been received towards the proposed New Hospital at Bowdon, and the extension of the Manchester Out-patients' Dispensary, for which purposes the sum of £20,000 is required.

DEPUTY Surgeon General David Boyes Smith, of the Bengal Medical Department, has been selected for the appointment of Professor of Military Medicine at the Army Medical School at Netley, vice Inspector General W. C. Maclean.

THE Earl of Rosebery will preside at the anniversary dinner on behalf of the Hospital for Sick Children, Great Ormond Street, in March next, at Willis's Rooms.

At a meeting of the Court of Assistants of the Society of Apothecaries, held on the 27th of January, the undermentioned gentlemen were by them appointed as Assessors in Surgery at the Hall, viz., George Henry Makins, F.R.C.S.Eng., Resident Assistant Surgeon to St. Thomas's Hospital; William Johnson Walsham, F.R.C.S.Eng., Assistant-Surgeon and Demonstrator of Practical Surgery at St. Bartholomew's Hospital, and Surgeon to the Metropolitan Free Hospital.

PROFESSOR TYNDALL ON VIVISECTION.

Writing to the *Times*, Professor Tyndall gives the following conclusive and unanswerable testimony in favour of vivisection:—

"Would you permit a man who, as far as his own treatment of animals is concerned, might claim the friendship of the poet Cowper, to add a word to the discussion on surgery and vivisection which has been for some time going on in your columns? Your readers are probably in part aware of the marvellous success of Pasteur's experiments on what he calls 'the attenuation of virus.' These experiments have enabled him so to reduce the virulence of fatal contagia that when introduced into the animal body, though they may produce *malaise*, they do not produce death, the animal vaccinated with this mild virus being subsequently proof

against the contagion in its most deadly form. I have recently had occasion to look over the proof sheets of a small work entitled 'Louis Pasteur, his Life and Labours,' now on the point of publication by Longmans and Co. Confining myself to a single specimen of the results recorded in this book, I think that upon it an argument may be founded that has some bearing on the discussion above referred to. In the course of his inquiries, Pasteur laid hold of the murderous virus of splenic fever, and succeeded in rendering it not only harmless to life, but a sure protection against the assaults of the disease. It was soon noised abroad among the sheep and cattle breeders of France that he had overcome this contagium. In many parts of the country the disease was very deadly. He confined himself for a time to what might be called laboratory experiments, but believing that a principle which had proved true in small things would also prove true in large, he had the boldness to accept an invitation from the President of the Agricultural Society of Melun to make an experiment publicly on what might be called an agricultural scale. He had placed at his disposal a flock of sheep, which he divided into two groups. The members of one group were all vaccinated with the 'attenuated' virus of splenic fever, while the members of the other group were left unvaccinated. A number of cows were similarly treated. The question to be decided was, Would the mild virus act as a protective? Experiments alone could answer this question. Fourteen days subsequent to the first inoculation, all the sheep and all the cows, vaccinated and unvaccinated, were inoculated with a highly virulent virus. Three days afterwards more than 200 persons, including journalists, farmers, lawyers, and public men, assembled to witness the result. Pasteur is capable of elation, and he must have felt elated at the 'shout of admiration' which hailed the success of his experiment. Of 25 sheep inoculated with a virulent virus, but unprotected by vaccination, 21 were already dead, while the remaining four were dying. The 25 vaccinated sheep, which had also received the deadly virus into their blood, were in 'full health and gaiety.' The unvaccinated cows showed tumours at the place of inoculation, and were so prostrate with fever as to be unable to eat. The vaccinated cows were quite well, showing no tumours, no fever, not even a perceptible rise of temperature. Pasteur was soon overwhelmed with applications for this 'benign' vaccine. At the end of 1881 close to 34,000 animals had been vaccinated, while in 1883 the number rose to nearly 500,000." After these results none but the most fatuous minded individuals will attempt to deny the truly humane character of properly conducted experiments upon living animals.

Medical News.

PASS LIST OF THE ROYAL COLLEGE OF SURGEONS.—The following, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on the 22nd inst., viz.:—Messrs.

George H. Broadbent, L.K.Q.C.P.I.; Priestley Leech, L.S.A. J. Bentley Mann, L.K.Q.C.P.I., and John Aspinall, L.S.A., students of the Manchester School of Medicine; John L. Davison, M.D. Toronto, Toronto; Campbell Williams, Sydney, New South Wales, University College Hospital; and John C. Kershaw, Leeds School of Medicine. Six candidates, who passed in surgery at previous meetings of the Court, having subsequently obtained medical qualifications, were also admitted members of the College, viz.:—Messrs. George F. Sydenham, L.S.A.; Frank J. Malden, M.B.; George P. Newbould, M.B.; and William H. Bell, L.S.A., of St. Bartholomew's Hospital; Henry C. Ensor, L.S.A., of Guy's Hospital; and Richard B. Eskrigge, L.R.C.P. Edinburgh, of the Manchester School of Medicine. At this meeting Mr. John Langton, F.R.C.S., and Mr. T. Pickering Pick, F.R.C.S., the recently elected members of the Court, took their seats for the first time as Examiners. At a meeting of the Board of Examiners on the 14th inst., Mr. W. Jones, University College Hospital, passed his examination in anatomy. The following were admitted members of the College at a meeting of the Court of Examiners on the 23rd inst., viz.:—Messrs. James N. Anwyl, L.S.A., and Ernest Humphry, L.S.A., students of St. Bartholomew's Hospital; Stephen L. Deeble, L.S.A., and Charles B. d'E. Chamberlain, L.S.A., of University College Hospital; Arnold C. Ingle, L.S.A., of the University of Cambridge; Edward J. Bower, L.S.A., of Charing Cross Hospital; Henry H. Ballachev, L.R.C.P. Ed., of the University of Glasgow; Thomas G. Langhorne, London Hospital; Robert C. Priestley, L.S.A., of King's College Hospital; Harry H. Lovell, of St. Mary's Hospital; and William B. Mackay, M.D. Ed., of the University of Edinburgh. Six candidates who passed in surgery at previous meetings of the Court, having subsequently obtained medical qualifications, were admitted members of the College, viz.:—Messrs. Robert S. Robertson, L.R.C.P. Ed., student of the Manchester School of Medicine; Albert A. Jolliffe, L.S.A., Charing Cross Hospital; Gerard S. Leggatt, L.S.A., St. Bartholomew's Hospital; Henry E. South, L.S.A., St. George's Hospital; Gerald Cree, L.S.A., Middlesex Hospital; and Gofton G. Adams, L.R.C.P.L., of the Bristol School of Medicine.—The following gentlemen were admitted members of the College at a meeting of the Court of Examiners on the 26th inst.:—viz., Messrs. Andrew A. Orr, B.A. Oxon., Francis H. Napier, and Zachary B. Mudge, students of St. Bartholomew's Hospital; Francis E. Little and Henry M. Page, of St. George's Hospital; Patrick M. O'Brien, Liverpool School of Medicine; James K. Lewis, L.S.A., Charing-cross Hospital; and Henry W. Windsor-Aubrey, Bristol School of Medicine. Four candidates who passed in surgery at previous meetings of the Court having subsequently obtained medical qualifications, were admitted members of the College—viz., Messrs. Bernard Relton, L.S.A., St. Thomas's Hospital; Robert T. Fetherstonhaugh, L.R.C.P.L., and Reginald Pollard, M.B. Durham, St. Bartholomew's Hospital; and John H. Hacking, L.R.C.P.L., Manchester School of Medicine. One candidate, who had previously qualified in surgery, having passed in the additional subjects, was also admitted a member—viz., Mr. Frank Harrison, of the Sheffield School of Medicine.

ROYAL COLLEGE OF SURGEONS, IRELAND.—At a meeting of the Court of Examiners in General Education, held on Wednesday, the 21st inst., the following gentlemen were awarded certificates. The names in the first and second classes are arranged in order of merit:—First-class—T. R. Dodd, T. M. Elwain, T. Molohan, T. F. Mathew, A. J. Hassard, M. Callanan, A. F. C. Greene, and M. O'Connor (equal); M. J. Pearce and C. Warren (equal); W. A. Ternan, P. J. Birmingham, and J. P. Mayers (equal); W. P. Everard and R. J. Jackson, and W. R. Lemon (equal). Second-class—R. M. Ronaldson, G. F. Rowan, F. O'Callaghan, and V. P. Tighe (equal); J. J. Eccleston, R. R. Morrison, J. Tate, and H. J. Twainley (equal); Hamil and J. M'Cormack (equal); J. A. F. Hatch, G. D. Naah, M. J. Seery, and H. R. Williams (equal); J. H. Jones, F. Mannin, T. J. May, and T. H. Sherlock (equal); J. M'Kenzie, R. M. Potts, P. Bellew, and J. Hartford (equal); J. S. M'Cloughry and W. L. Norwood (equal); A. J. Cary, T. S. Hancock, A. C. Oldham, and P. J. Waldron (equal). Un-classed—T. A. Armstrong, W. Delany, D. Gillespie, H. V. Golden, W. H. Madden, W. R. Morris, J. C. Mulvihill, T. H. Nally, T. S. Palmer, A. P. Poe, J. D. Sexton, J. V. Somers, J. T. Waller. Twenty were stopped.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, 22nd January, 1885:—George Mallack Blunt, University College; Henry Claxton Bowman, Manchester Royal Infirmary; Alfred Harold Lissant Cox, King's College; Joseph Bethel Cox, St. Bartholomew's Hospital; Gerald Cree, Middlesex Hospital; James Henry Earls, Dublin; Henry Halliday, Leeds School of Medicine; George Ernest Roach, Guy's and London Hospitals; Joseph Sandbach Scott, Manchester School of Medicine; Henry Erskine South, St. George's Hospital; John Francis Taylor, London Hospital; Walter Venis, King's College; Henry Ernest Watts, Westminster Hospital.

The following gentlemen also on the same day passed their Primary Professional Examination:—W. H. Cundell, St. Mary's Hospital; W. A. Winship, Newcastle-on-Tyne College of Medicine.

VACANCIES.—Doncaster General Infirmary and Dispensary—House-Surgeon. Salary, £100 per annum. Applications by January 31st. Farringdon General Dispensary and Lying-in Charity—Honorary Physician. Applications to Mr. J. Lewis, 17, Bartlett's-buildings, Holborn-circus, by February 9th. General Infirmary at Gloucester, and the Gloucestershire Eye Institution—Physician. Applications by February 18th. Jessop Hospital for Women, Sheffield—House-Surgeon. Salary, £50 per annum. Applications by January 31st. Middlesex Hospital, W.—Medical Registrar. Applications by January 31st. Mothers' Lying-in Home, Juniper-street, Shadwell, E.—Medical Officer. Applications to Mrs. Ashton Warner, by February 2nd. Naas Union—Medical Officer. Newbridge Dispensary. Salary, £140 per annum and fees. Applications to Michael Flood, Honorary Secretary, Newbridge, to February 6th. Parish of Birmingham—Resident Second Assistant Workhouse Medical Officer. Salary, £130 per annum. Applications by January 31st. Rotherham Hospital and Dispensary—Resident House-Surgeon. Salary, £100 per annum. Applications by February 1st. Royal Infirmary and General Dispensary, Aberdeen—Dispenser. Salary, £100 per annum. Applications to Mr. W. Carnie, 27, Exchange-street, by February 1st. Salford and Pendleton Royal Hospital—District Surgeon. Salary, £80 per annum. Applications by February 1st. Sussex County Hospital, Brighton—Physician and Assistant Physician. Applications by February 11th. Sussex County Lunatic Asylum, Hayward's Heath—Junior Assistant Medical Officer. Salary, £100 per annum. Applications to Dr. Williams, University of Oxford—Lecturer in Human Anatomy. Salary, £300. Applications to the Secretary of the Common University Fund, New College, Oxford, not later than February 1st.

APPOINTMENTS.—William John Adam, M.B., C.M., appointed a Physician to Anderson's College Dispensary, Glasgow; Joseph Anderson, M.B., C.M. Aberdeen, appointed Junior House-Surgeon to the Preston and County of Lancaster Royal Infirmary; Charles H. P. D. Graves, M.D., M.Ch.R.U.I., L. & L.M.K. & Q.C.P.I., L.R.C.S.I., appointed Medical Officer of the Cookstown Dispensary District; Price Jones, F.R.C.S. and L.R.C.P.E., appointed Public Vaccinator for the Eastern District of the Corwen Union; James Kelland, M.B., C.M., L.R.C.P. and S. Edin., appointed Medical Officer of Health to the Rural Sanitary District of the Alderbury Union, Wilts; J. J. Pringle, M.B. Edin., M.R.C.P., appointed Assistant Physician to the Middlesex Hospital; Frederick Pollard, M.D. Lond., appointed Medical Officer and Public Vaccinator for the Chumleigh District of the South Molton Union; Walter G. Walford, M.D., M.R.C.S. Eng., L.R.C.P., appointed Surgeon to the St. John's Wood and Portland Town Provident Dispensary.

University, College, and Hospital Intelligence.

IRELAND.

ACADEMY OF MEDICINE.—A special general meeting of the Academy was held in the College of Physicians on Saturday, the 17th inst., for the consideration of the

following resolutions, passed by the General Council:—1. Proposed by Dr. M'Donnell (in the absence of Dr. J. W. Moore), and seconded by Dr. E. H. Bennett, President of the College of Surgeons, and carried—"That it is expedient that a fixed salary shall be paid yearly to the general secretary of the Academy, in consideration of the fact that the editing of the transactions is part of his duties." 2. Proposed by Dr. M'Donnell, seconded by Dr. J. W. Moore, and carried—"That the salary of the general secretary shall be fixed at 100 guineas a year." 3. Proposed by Mr. Stokes, seconded by Dr. Duffey, and carried—"That the following be nominated Honorary Fellows of the Academy:—Sir James Paget, Theodor Bilroth, Professor Virchow, Professor Pasteur, Professor Charcot, Dr. Austin Flint, Dr. Keith, Professor Schroeder, Professor Kolliker, and Sir Joseph Lister." 4. It was proposed by Mr. Stokes, seconded by Dr. E. H. Bennett, President of the Royal College of Surgeons—"That it be recommended to the Academy that application be made to the Government for accommodation in the new Science and Art Buildings." This resolution was negatived, there being 16 votes against it and only 15 in favour of it.

Dr. STEVENS' HOSPITAL, DUBLIN.—A general meeting of the board of governors of the above hospital was held on Wednesday, the 21st inst., for the purpose of electing a resident medical officer for the hospital. Dr. John Neill, Lecturer of Anatomy in the Ledwich School of Medicine, was unanimously elected. Dr. Neill had been a pupil of the Anatomical School formerly connected with the hospital, and has a distinguished career in medical science.

ST. BARTHOLOMEW'S HOSPITAL.

THE ARBENETHIAN SOCIETY.—The 13th meeting of the Society was held on Thursday, January 22. Mr. Reginald Combes read his paper on "Quacks and Quackery." Mr. Combes commenced by defining a quack, as understood by the general public, as "a man who, without a diploma, duly granted by some licensing body, practiced medicine," and, stating how limited this definition was, went on to show that there were quacks in every trade and profession, though the name was almost identified with the profession of medicine. It could not be conceived, without investigation, what numbers of unqualified men were practising in the Metropolis, some even in most prominent positions; and it was almost incredible what a hold they possessed upon certain classes, a hold gained by their extensive advertisements of fictitious successes. Two great classes of quacks existed—*First*, the unqualified man who passed himself off as duly qualified, possessing little or perhaps no knowledge of "the noble art of healing." *Second*, the man with some diploma, great or small, who practised unconscientiously, weighing his attentions to his patient by the depth of his patient's purse. In speaking of the first class, the lecturer dwelt at some length on the various kinds of quacks included in his definition. The smallest of all quacks, he said, was the nostrum vendor, who went about to country fairs and provincial towns; his harm was small, except that he was a noisy cheat, but he was generally one of many employed by a master-quack, who, by this means, advertised his name, and gained a large income. The bone-setter was only, in name, what he professed to be; in practice he was an adhesion-breaker. The question was raised whether the bone-setter was justified in his practice, since occasionally good results were obtained. This was decided in the negative, since, by rough handling in cases which required perfect rest, renewed inflammatory mischief followed, and hopeless damage was done. The cases most amenable to treatment by the bone-setter were those of old sprains, in which, by long-continued rest, owing to the pain experienced by the patients when the parts were moved, the tendons had become adherent to the surrounding tissues. An interesting point was—how came it that these men gave relief, sometimes instantaneous, in cases where the most eminent surgeons had failed? The man who proposed to cure by animal magnetism and mesmerism, was little heard of in England, because of the extreme disfavour with which this treatment was looked upon; but in India, and even in some parts of Europe, it was a recognised course of practice. The great class of qualified quacks was next dealt with, and it was pointed out that the only difference between its members and those of the first class was the possession of a diploma. Instances were quoted to show how

much of a quack a duly-qualified practitioner may become, and upon what a blood-sucking principle some members of the profession worked. Homeopathy was merely touched upon, and those who were inclined to despise its principles recommended to weigh well the pros. and cons. before allowing themselves to censure. Having fully discussed the various forms of quacks, the lecturer turned to the question of treatment. He stated that several attempts had been made, even as far back as 1847, by letters and articles in the medical papers, to induce a movement against empiricism, but all attempts had failed. It was evident that so long a reign of complete freedom would require a strong hand to put it down; but fearless investigation, and widespread publicity, given through the medical and daily press, was the medium by which it was to be carried out. The treatment for the qualified quack rested with his brother practitioners, for he should be snubbed by all, and thus brought to recognise the path he had chosen by finding himself an alien. It was in the medical profession, as in all other things of this age, the survival of the fittest; we, therefore, should endeavour to keep our names amongst those worthy to survive.

FOOTBALL CLUB.—On Saturday the 24th inst., the first fifteen of St. Bartholomew's Hospital went to Portsmouth and played a match against H.M.S. *Marlborough*. The ground was in splendid condition, and a capital game was played, which resulted in a victory for the Marlborough team by two tries to nil. After the match a very pleasant evening was spent on board the ship.

EDINBURGH UNIVERSITY.

STUDENTS' CLUB.—The annual "social" of this club was held last week, in the Waterloo Rooms, under the presidency of Professor Muirhead. For former meetings of this kind, invitations were sent out by the Club Committee, but on this occasion, for financial reasons, the "social" was thrown open to the friends of the students on the payment of a small charge for the ticket. The attendance, however, did not suffer in the least by this arrangement—the hall being crowded by a fashionable audience, which included not a few of the University Professors. The entertainment provided was of an excellent and varied character, the only fault to the programme being that it was a trifle long. A strong and generally efficient orchestra, composed for the most part of strings, under the leadership of Mr. Dambmann, played a selection of pieces in a very acceptable way. Their chief effort was Haydn's No. 5 Symphony, which was attacked in a spirited way, the melodious second movement, in particular, going very smoothly. The pleasing "Marionetten" overture, by Gurlitt, was nicely rendered, and success attended the interpretation of the pretty "Nell Gwynne" gavotte, and Fahrbaeh's "Souvenir de Belgrade." A rather uninteresting instrumental trio by Gurlitt (violin, 'cello, and piano) was played by Messrs. Lazarus, Carter, and Hyllop. Into a 'cello solo, by Fisher, Mr. G. A. Berry put considerable feeling; Mr. Lazarus played, as a violin solo, Handel's pretty romanza "Alla Pastorale," and interpreted it in an artistic way; and Dr. Sterling and Mr. J. A. Slayter, as a pianoforte duet, gave a vigorous rendering of some Hungarian dances by Hofmann. Mr. A. L. Guthrie gave a picturesque rendering to an interesting muletter's song by Henry Parker, "For Love and Spain;" and Dr. Watson's very sweet tenor voice was heard to advantage in Schubert's charming lieder "Ständchen," which he most sweetly sang. In response to a well merited encore he gave "Good-bye, sweetheart." The song "Anchored"—at present very popular with baritones—was sung very nicely by Mr. W. A. Peterkin. Mr. R. E. Horsley recited Tennyson's "Voyage of Maeldune," and infused into it appropriate dramatic fervour. The audience were throughout exceedingly appreciative, and, at the close, Professor Muirhead seemed to interpret the feelings of all when he said that the students had provided for their friends a delightful entertainment.

STUDENTS' FAREWELL MISSIONARY MEETING.—Last week, Mr. Stanley P. Smite, late stroke oar of the Cambridge eight, and Mr. C. T. Studd, ex-captain of the Cambridge eleven, who are about to take their departure as missionaries to China, addressed a largely-attended meeting of students in the Free Assembly Hall. Professor Grainger Steward presided, and eloquent addresses of an evangelistic character were delivered by the missionaries. At the close an inquiry meeting took place.

THE CHORLTON-ON-MEDLOCK DISPENSARY, MANCHESTER.

THE annual meeting of the Chorlton-on-Medlock Dispensary was held at the Institution, All Saints, Manchester, the Rev. Canon Birley presiding. The annual report, which was read by Mr. Adam Fox, stated that the Committee were glad to record the continued usefulness of the Institution. The increase in the number of the applications for medical aid, and larger amount received as donations from patients, fully attested this, and though the subscriptions from the general public were far below what they ought to be, the efficiency of the Dispensary had not been impaired. During the past year some changes had been made in the domestic arrangements, which would contribute to the more economical working of the Institution. Mr. G. F. Seaman Arthy, the house surgeon, read the medical report, which stated that there was an increase of exactly 800 cases as compared with the previous year (omitting dental cases, for the treatment of which other arrangements had been made). Of this number 388 occurred amongst the home patients, the total number of whom had been 1,816, and out-patients, 2,060. The chief epidemic of the year had been one of typhoid fever, twenty cases coming under the care of the dispensary. A few cases of scarlet fever, measles, and whooping-cough had also occurred, but there had been no wide-spread epidemic. The number of accidents and cases of emergency was 575, an increase of fourteen only on last year. The number of deaths during the year amounted to 142. The total number of patients, including dental cases for nine months, was 5,451. The reports were adopted, as was also the balance-sheet, as presented by Mr. Armistead.

Examination Questions.

APOTHECARIES HALL.

The written questions set at the examination for the Diploma at the Apothecaries' Hall, on Wednesday, 21st January, 1885, were of the following character:—

Medicine.—1. What are the physical signs of fluid in the pleural cavity? If that fluid is pus, how do you treat it? 2. What are the early signs of locomotor ataxia? 3. Describe rupia. 4. Describe the clinical features of tubercular meningitis.

Therapeutics.—Write out prescriptions in full, unabbreviated Latin for the febrile condition.

Pathology.—1. What are the morbid appearances of the kidneys after death? 2. What is the pathology of Addison's disease?

Midwifery and Diseases of Women and Children.—1. What would you treat in a case of hæmorrhage occurring during labour? 2. In slight contractions of the pelvis, what are the conditions favourable for version? 3. What are the causes of menorrhagia? Give the differential diagnosis. 4. What conditions in a child under six weeks of age might demand medical care?

Forensic Medicine and Toxicology.—1. What are the tests for arsenic in organic mixtures, and as a white powder? 2. How do you determine, upon *post-mortem* examination, the cause of perforation of the stomach? 3. Describe briefly the various kinds of insanity. 4. In an epidemic of cholera, what precautions are necessary to prevent the spread of the contagion?

Notices of Books.

TREVES' INTESTINAL OBSTRUCTION.*

THE indefatigable industry with which Mr. Treves has lately laboured in the interests of the profession of which he is one of the most distinguished younger members, is only equalled by the unquestioned value of the products of his restless pen; and this, the latest of his contributions to the general stock of sur-

* Intestinal Obstruction: its Varieties, with their Pathology, Diagnosis, and Treatment. By Frederick Treves, F.R.C.S. Cassell and Co., Limited.

gical knowledge, will not fail to largely enhance his reputation. The work itself is, in great part, a reproduction of the essay for which the Jacksonian prize, 1884, was awarded by the Royal College of Surgeons of England; and it is enriched by a series of excellently drawn and engraved illustrations of the conditions which find description in the text. The pathological relations of obstruction have been made the principal ground of classification by Mr. Treves, who explains his reason for accepting this rather than clinical basis, by reference to such obscurity as yet surrounding the clinical history of their affections; but he has, in a later portion of the book, while treating of diagnosis, framed a clinical classification which is likely to be productive of much useful extension in this desirable direction.

The pathological sections of the volume are beyond all praise excellent, and the figures employed to explain the descriptions given very materially assist their clearer comprehension. Those sections dealing with diverticula and strangulation by bands are likely to be eagerly studied by all who have found a difficulty in gaining an accurate knowledge of these varieties of obstruction. Intussusception also is very fully and ably treated, and the affections less commonly encountered are fully considered in their place. The chapters on diagnosis are, from a student's point of view especially, simply invaluable, and the discussion of treatment in all forms leaves nothing to be wished for. We cannot use any terms of praise which the work does not amply deserve. Practitioners and students will find it a most remunerative study in every way.

NOTICES TO CORRESPONDENTS.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

MR. NIVEN shall hear from us by an early post.

MR. A. W. KERR.—Please accept best thanks for the questions. Every endeavour is made to receive as large a supply of these as possible, and we are always much obliged for contributions to this department of our paper from correspondents.

MR. W. R. CHAMBERS.—We cannot refer you to any particular source for the L.R.C.S.I. questions. Those we have seen, however, do not differ greatly from the questions set by other examining bodies, and you might accept Gant's Guide as sufficiently indicating the scope of the test.

MR. HUSON.—You will come under the new regulations, and will be unable to take either the L.R.C.P. or the M.R.C.S. separately, but must undergo the conjoint series of examinations. Your best plan will be to read for the first examination, which can be done at home. If you will call on us here we will give you any information we can on the matter.

X. Y. Z.—Your suggestion shall receive consideration.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. J. Milner Fothergill, London; Dr. Armand Semple, London; Dr. H. Aubrey Husband, Edinburgh; Mr. R. M. Hughes, Maesteg; Dr. A. C. Maybury, London; Mr. A. Cooper Fenn, St. Bartholomew's Hospital; Mr. T. Niven, London; Mr. Anwyl-Butter, Blackpool; Mr. Ledlie, Newry; Mr. A. W. Kerr, Evenwood; Mr. W. R. Chambers, Birmingham; Mr. H. E. Huson, Kensington; Mr. Arnold Lyndon, St. Bartholomew's Hospital; X. Y. Z., Sheffield; Dr. J. Brindley James, London; Mr. W. M. Kershaw, Birmingham, &c., &c.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

West's Guide to the Examination of the Chest, 3s., post free.
Muter's Pharmaceutical Chemistry, 4s., post free. A20

Foster's Clinical Medicine, 3s. 6d., published at 10s. 6d. A24
BLE, JAUNDICE, and Liver Diseases, by Dr. Wickham Legg, 6s. 6d. A28

West and Duncan's Diseases of Women, 6s. 6d. B57
NORRIS on the Physiology and Pathology of the Blood, 2s. 6d.;
Henry Smith's Surgery of the Rectum, Fifth Edition, 2s. 6d.

Bumstead and Taylor's Venereal Diseases, 4s. 6d. B59
BRONHURST on Curvature and Disease of the Spine, Third
Edition; Heather Biggs' Manual of Orthopraxy, and War-

ington Howard's Treatise on Orthopaedic Surgery; all good
as new; the lot, 5s. B60
HARCOCK's Anatomy and Surgery of the Human Foot, 3s.;
Duncan's Diseases of Women, 4s. 6d. B61

WATREN, Holmes' Surgery, Robert's Medicine, Latest Editions,
also Laryngoscope and Ophthalmoscope. Address, C. F. W., 47,
Jamaica Road.

WATREN, a late edition of "Cooke's Tablets of Anatomy,"
bound. F. A. B., 31, Ashchurch Grove, Shepherd's Bush, W.
WATREN, a collection of Pathological Specimens. Well
mounted. Address E. Goodwin, 327, Commercial Road,
Landport.

HOLME'S Surgery, 10s.; Aitken's Outlines of Medicine, 6s.;
Kirk's Physiology, 3s. 6d.; Piper's Operative Surgery,
2s. 6d. Medicus, Middlesex Hospital, W.

Answers to numbered Advertisements to be addressed, under
cover, care of Baillière, Tindall, and Cox, 20, King William
Street, Strand, W.C.

ESTABLISHED 1861.

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Notes by the Way.

It grieves me sadly to say a word by way of reproach in regard to that ancient institution, the Apothecaries' Society of London; but the extraordinary and erratic manner in which the officials conduct the business of the Society, regardless of the inconvenience to which they put students, compels me to utter a loud protest, in the hope that order and system may once more assert their sway in what is commonly called "The Hall."

HITHERTO, as is well known, the "Hall" examinations, primary and pass, have been held weekly on Wednesdays and Thursdays. Quite recently it was decided to hold the "primary" examinations once a month only, and the surgical portion of the "final" examination fortnightly; whilst the "final" medical examination is to be held weekly as before. To this arrangement no reasonable objection could have been made, had proper notice of the alterations been given. But it never seemed to have entered the heads of the sages at the "Hall" that it was necessary to advertise, or otherwise give public notice of the new arrangements. Hence students have been put to great inconvenience and additional expense. A gentleman who came to town intending to present himself for examination next Wednesday, finds that he will have to remain in lodgings another three weeks, or go back to his country home, and come up again next month. Surely the Apothecaries' Society can afford to pay for a few advertisements—or is it that the Secretary requires rousing?

SMALL-POX appears to be increasing in the Metropolis at a frightful rate. During the last fortnight, no fewer than 548 new cases of small-pox have been admitted to the Hospitals, as against 448 in the previous fortnight. It says little for vaccination that, notwithstanding all that has been done for the protection of the public, small-pox is raging worse now than ever before.

FROM a Bacup newspaper which has been sent to me, I glean a considerable amount of information as to the position of dentistry in the manufacturing districts near Manchester. A Rawtenstall dentist sued a patient for the sum of £3 7s. 6d., his charges for extracting four teeth, making an upper set, and fitting a suction-disc.—The defendant stated that he first ordered the false teeth in May, 1883, and that he got them the following September. They did not fit, and he had seen plaintiff several times about them, and he could not make them fit. Plaintiff then made him the sucker because the teeth would not keep up; but, even with the sucker, he could not keep them to the roof of his mouth. He wrote to the plaintiff, but, as he got no reply, he returned him the teeth.—William Lupton (brother to defendant), travelling jeweller, said he had been employed by the plaintiff as traveller. He also assisted in pulling teeth, and in administering the nitrous oxide.—The judge said it was the first time he had heard of a dentist employing a traveller. He had

seen that they advertised, and he always thought that was very disreputable; but he had never heard before of one who employed a pedlar to go from door to door.—Witness (continuing): Plaintiff's usual charge for drawing teeth was 6d. each tooth, and 2s. 6d. if they had the gas.—His Honour said he had never heard of anybody drawing teeth for 6d. each before.—Witness said it was the usual charge for dentists in Bacup.—His Honour said it must be very cheap and nasty work at that price. He thought the working people of Bacup would be wise in going to dentists who charged rather more, and occupied a higher standing in the profession. There was more bad work done in the shape of dentistry than in any other trade or profession. He disallowed the claim for the false teeth, and gave a verdict for 10s. (2s. 6d. each tooth), and court costs, including 5s. already paid in.—This outspoken judge's views on dentistry are worthy of wide circulation, and the same remarks would apply to cheap medical work generally. If a person wants good medical advice, it must be paid for accordingly.

THE shooting of O'Donovan Rossa in the streets of New York by a hospital nurse is the sensation of the week. From the general expressions of regret that she did not kill him outright, I take it that there are a large number of persons still living ready to subscribe to the doctrine that, in certain cases, killing is not murder. The young woman went about her work in a cool and open manner, in happy contrast to the sneaking cowardice which is characteristic of the scoundrels of the O'Donovan Rossa school. The dynamitards will appreciate treatment of this salutary order, and doubtless its deterrent effect will be far and away beyond the gruel treatment meted out to Dr. Gallagher and his associates by a pusillanimous Government. A friend of mine suggests that Lucilla Dudley should be recommended to Her Majesty for the Royal Bounty.

THE match between Guy's and the London Hospitals Football teams for the Challenge Cup last week was fought out in gallant style—the Guy's men throughout manifesting great pluck in playing an up-hill game; but the Londoners, led by Kempthorne, were far too powerful, and ultimately won by 73 points to nothing. In the next round London is drawn against Westminster, and it will not be taken as at all reflecting upon the latter club if I prognosticate an easy win for the London. The last tie in the first round was between King's and University Colleges. King's did not scratch as some expected, but with creditable assurance came on the ground at the Old Deer Park in full strength, and their determined efforts were happily rewarded by scoring one try (10 points) to a goal, seven tries and two touches down (97 points). It was exceedingly unfortunate for King's that they should have had to meet one of the strongest teams the first round.

A KENTISH correspondent sends me the following:—"Lately, in a Physiological Paper at a Local Examination, a question was put thus:—'From

what source can we obtain information as to the circulation of the blood?" One innocent student answering it, 'From Harvey's Sauce.' Did the promising surgeon in embryo mean 'Harvey's Source?'"

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THE PULSE: HOW TO FEEL IT AND WHAT IT TELLS.

By J. MILNER FOTHERGILL, M.D.,

Physician to the City of London Hospital for Diseases of the Chest, &c.

(Continued from page 40.)

HAVING mastered the anatomical relations of "the pulse," its physiological relations can profitably occupy our attention. The artery can be readily felt. Now let the thought be directed as to what is going on. The heart pumps blood into the arteries, which blood escapes by the capillaries, the terminal ends of the arterioles, or tiny arteries. If the blood is being pumped in faster than it can escape the arterial system will be full, and the pulse be readily caught. If it is escaping out faster than it is coming in the arterial system will be empty, and therewith the artery difficult to find; as in fainting for instance. But familiarity with the pulse is requisite even for this crude observation. Then there may be no pulse to be felt at all. When an apprentice, the writer once gave his father a long and unnecessary ride when busy enough without, by failing to find the pulse in the right wrist of an old pauper. The father failed to find a pulse at the right wrist also, but at once tried the other wrist. There a capital pulse was to be felt. He looked to ascertain the why of this. There was visible the cicatrix of an old wound, which had obliterated the right radial artery. After this discovery he rode home, his mind easy; but it was long before the writer heard the last of that piece of carelessness. It is well to take the trouble to feel both wrists at the same time. A difference in the two "pulses" will, when faint, tell of interference in the flow in one.

"The following changes take place in an artery when it pulsates:—

(1) It dilates, and at the same time lengthens to a very small extent.

(2) The pressure of the blood increases in the artery, and this increase is indicated by the feeling of hardness and resistance which is experienced when the artery is compressed with the finger" (McKendrick).

But "hardness" and "resistance" are matters of comparison, and the student must have a conception (of some kind) as to what is the "hardness" or "resistance" of the normal pulse—or in other words of pulses in general—before he can judge of the "hardness" or "resistance" of any particular artery. How does he know anything of the hardness of the crust of any one loaf, any more than of

the toughness of any one beefsteak, except from an experience of other crusts and other steaks. He may be told that the artery of a certain patient is hard; he feels it when requested. But has the observation found a resting place anywhere in his brain-cells? Not always! He is told a certain pulse is very soft. He gropes for it, when asked to feel it; is not very sure whether he has got it, or not; and tries to look as if enlarging his experience, with very doubtful results. No record remains of that negative observation. Suppose, however, that the artery is caught and felt on each occasion, what then? There were never two pulses identical with each other in this world any more than two noses, or two blades of riband-grass.

Then another pulse is irregular in its beat. What does that tell? It tells that there is some irregularity in the action of the heart. A well-trained finger can recognise some forms of valvular disease of the heart before applying the stethoscope. Or a beat is missing. Perhaps the heart missed its stroke, or the blood-wave was too feeble to reach the wrist, having got lost on the way. Or the pulse of one radial artery is much weaker than the other; then there is pressure (somewhere along its course) upon the artery betwixt the heart and the spot where the finger is applied. Of course, further observation is required to ascertain where the obstructing pressure is, and what is its nature.

But all this is of no use—Nature may be ever so eloquent in vain, if the student's mind is wandering, and his attention diverted to his cousin Emma, or even the delicate ear of the patient before him, or may be gouty otoliths in an old man's ear. The pulse may be full of instruction if the intelligence be present; but tells nothing to the man who is not thinking. Teachers must do their best in the limited time of a medical educational course, and find it almost enough to teach a man to use his senses, to see, and hear, and feel. By the touch we can ascertain much; but it requires a good deal more attention to interpret correctly what we feel as compared to what we can see. The eye is trained from the earliest days, as when a baby grasps in vain at the moon; and has learned to see. Its ear easily catches the tones of its nurse's voice, and learns to listen. The touch also requires education, just as a child learns to walk. The student can no more take in all the pulse can tell at a touch (as his teacher does) than a small child can walk steadily while gazing at something else than its feet, before it has learned to walk. But slowly and by degrees he learns to note several matters beyond the mere rapidity. He finds the pulse in one patient to be small as well as rapid; while that of another is full and slow. The radial artery is merely the perceptible index of the whole arterial system. Why should the pulse be fast and small in one case, and full and slow in another? Why should it not be full and fast, or small and slow? It is both of the latter sometimes; but the first is the rule, the latter the exception.

What are the rules which govern the pulse? This will next engage our attention.

(To be Continued.)

THE ESSENTIALS OF TOXICOLOGY.

By ARMAND SEMPLE, B.A., M.B. Cantab, M.R.C.P.
London, Physician North Eastern Hospital for
Children; Author of "Aids to Chemistry," &c.

(Continued from page 15.)

METALLIC POISONS.

MERCURY. Hg.

The most important salt of mercury from a medico-legal aspect, is corrosive sublimate or perchloride of mercury, but other preparations have been used as poisons, viz., calomel, or the subchloride of mercury; white precipitate, or hydrargyrum aminoniatum; red precipitate, or the peroxide; turpeth mineral, the oxysulphate; mercuric sulphide, mercuric and mercurous nitrate, mercuric cyanide, mercuric sulphocyanide, or Pharaoh's serpent, and mercuric methide.

Symptoms of Poisoning.—Those of acute mercurial poisoning appear very soon, frequently immediately after, or in the act of swallowing. There is a coppery taste, and sharp burning pain, extending from the throat to the stomach. The mouth and tongue look white and shrunk, as if they had been soaked in a solution of nitrate of silver. The countenance is very anxious and the face flushed. The breathing is difficult, the pulse thready, the abdomen swollen and painful, the pain being much increased on pressure; pain is, however, in some cases absent. Thirst is intense, and there is vomiting of white stringy or bloody mucus. The skin is cold and clammy, the stools bloody, and the urine is more or less completely suppressed. About the third day salivation sets in, but this is not an invariable symptom in acute cases.

Death soon proves rapid from collapse, but it is sometimes accompanied by convulsions, and at other times intense coma sets in, from which the patient never recovers.

The points of distinction between poisoning by this substance and that of arsenic are as follow:—They begin sooner after the swallowing of the poison; the taste of corrosive sublimate is intensely metallic; there is intense burning in the gullet and throat; blood in the stools, and in the vomit is far more frequent. The activity as a poison over arsenic is due to the greater solubility of the mercury salt, and its more intense chemical reaction upon animal structures.

Treatment.—White of egg or wheat flour, mixed with milk, should be given at once. It is stated that the white of one egg is capable of neutralising 4 grains of corrosive sublimate. Vomiting should be encouraged, and, therefore, emetics should be given. For troublesome salivation gargles of chlorate of potash and alum should be used. The subsequent treatment must depend upon the symptoms, but it is advisable to give white of egg in milk for some weeks two or three times daily.

In chronic poisoning the symptoms are mercurial tremors and shaking palsy, and they occur in those exposed to mercurial fumes, or who are engaged in handling compounds of mercury. They usually commence with nausea, vomiting, and debility, a

constant coppery taste in the mouth, and colicky pains frequently recurring. The breath is foetid, swallowing and breathing are difficult, and frequent hacking cough, and sometimes hæmoptysis occur. Eventually ptyalism (salivation) becomes a prominent symptom, the gums and tongue becoming swollen, painful, red, and even ulcerated. In the saliva the metal will be discovered. Trembling and convulsive motions of the limbs, or mercurial tremors, are well marked; the upper extremities are first attacked, then the lower, and thus walking is made difficult. By active treatment the patient may recover, but, nevertheless, death may occur from extreme exhaustion, with gangrene of the mouth, and other indications.

Post-Mortem Appearances.—The salivary glands are found enlarged, saliva dribbling from the mouth. The abdomen is usually tympanitic. The mucous membrane of the throat and mouth is greyish-white, but at times it is extremely inflamed, and even corroded. Where salivation has occurred the parts may be in a condition of slough. The stomach is frequently coated by a slate-coloured layer of finely divided mercury, or should putrefaction have set in it is covered by a black precipitate of sulphide of mercury. At times it is the seat of intense inflammation. There is generally much congestion of the intestines and of the urinary organs, the bladder being frequently contracted and empty. It is stated that corrosive sublimate takes four hours to reach the saliva and two hours to reach the urine, in which fluids it may be detected.

Quantity required to destroy life.—The smallest quantity recorded is 3 grains. Recovery has occurred after 80 grains have been taken. Adults are more susceptible to its action than children.

Period at which Death takes place.—Death has taken place within half-an-hour, but has been delayed for 16 days. The average period is 3 to 6 days.

Mode of Extraction from the Stomach.—The contents of the stomach, with the tissues cut up, should be mixed and crushed in a mortar, sufficient alcohol being added to make filtration easy. The mixture should be acidulated with hydrochloric acid and gently warmed. It should then be filtered, and the filtrate tested by sulphuretted hydrogen and by Reinsch's test.

The preceding process indicates the presence of mercury, but not of the perchloride. To find this salt the contents of the stomach should be concentrated by evaporation, and then shaken with a large bulk of ether, which is a great solvent of corrosive sublimate. The ether must then be carefully decanted, and distilled at a gentle heat, the residue being tested for the salt.

The saliva may be tested for mercury by acidulating about 2 drachms of it with hydrochloric acid, and placing in the mixture a small piece of clean bright copper, observing if it becomes covered with a silvery coating. Upon heating the copper in a reduction tube metallic mercury may be obtained. The urine may be examined for mercury by taking 14 ounces of the fluid and evaporating to one ounce, then adding hydrochloric acid, filtering, and boiling the

filtrate with a piece of bright copper, and placing it in the reduction tube.

Tests for the Mercury Compounds.—(1) All the mercurial salts sublime, and can be decomposed by heat. (2) By charcoal and sodium carbonate, metallic mercury is obtained. (The reduction test.) (3) Bright copper strips when placed in an acidulated solution become coated with metallic mercury. (4) Stannous chloride in excess precipitates the metal (black). (5) Bright gold or copper moistened with a solution of mercury, and touched with a pointed steel, becomes coated with a white silvery stain.

Tests for the Mercurous Salts.—(1) Liquor calcis and all the alkalies throw down a *black* precipitate ("black wash"). (2) Iodide of potassium gives an *olive-green* precipitate. (3) Chromate of potash gives a *bright-red* precipitate. (4) Sulphuretted hydrogen gives a *black* precipitate.

Tests for the Mercuric Salts.—(1) Liquor calcis and all the alkalies, except ammonia, give a *yellow* precipitate ("yellow wash"). (2) Liquor ammonia, with corrosive sublimate, gives a *white* precipitate. (3) Iodide of potassium gives the *scarlet* iodide of mercury, soluble in excess of either re-agent. (4) Sulphuretted hydrogen in excess gives a *black* precipitate, becoming *red* when sublimed.

(To be continued.)

NOTICE.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, FEBRUARY 7, 1885.

EDITORIAL AND PERSONAL.

THE Medical Board of the Manchester Royal Infirmary have made the following appointments;—Dr. A. J. Wilkinson, and Dr. Sigismund Moritz, to be assistant medical officers for another year; Dr. Thomas Harris, to be pathological registrar, at a salary of £80 per annum; Dr. W. A. Evans, to be assistant medical officer at the Monsall Fever Hospital, for six months, at a salary of £50 per annum. They have also decided to appoint a medical registrar at a salary of £50 per annum.

DR. TOMKINS, resident medical officer at the Monsall Fever Hospital, has sent in his resignation, which has been accepted.

THE collections for the Manchester Hospital Saturday and Sunday Fund, will take place on Sunday, February 8th, and Saturday, February 14th.

A CONSIDERABLE amount of interest is likely to be excited in connection with the death of the captain of the barque *Wellington*, which was recently brought into Plymouth, flying distress signals. It was then found that three of the crew were wounded, while the captain lay dead in his cabin, having clearly met a violent end. According to the story of the crew, the captain had been drinking deeply, and in the fury of *delirium tremens*, had shot the three wounded men, and threatened annihilation of the whole crew, the members of which then killed him in self-defence. Now, however, a post-mortem examination of the body of the captain has been made, and the organs have been found healthy, and no signs of alcoholism are forthcoming. Further, it is said that the condition of the body tends to show that death occurred after the captain had been removed in irons to his cabin, and the result of the examination has led to the expectation of other arrests being made, and, from a medico-legal aspect, the further development of the case will be watched with much interest.

It is stated that the Government will introduce into Parliament next Session a Bill to amend the Public Health Act, for the purpose of conferring upon Sanitary Authorities throughout the kingdom more extended powers than they at present possess in regard to outbreaks of infectious disease. The Bill is intended as a precautionary measure against cholera, and it will, we believe, provide for the establishment of Sanitary Boards at every English port.

THE Queen has been pleased to announce to the father of the late Dr. Marshall, Her Majesty's resident physician, that she has granted him a yearly pension of £150 for life. Mr. Marshall resides at Crieff, Perthshire.

MR. JAMES CANTLIE, F.R.C.S., has been describing his researches among "pure Londoners," to an audience at the Parkes Museum; and the pictures of degeneration portrayed by him as existing in the homes of cockneys, bred and born, may well serve to excite alarm amongst the class depicted. According to Mr. Cantlie, Londoners of the third generation are rare, while anything beyond those generations in direct descent, may be searched for in vain, this extent of family progression serving to exhaust the vitality of those living amid the enervating influence of London surroundings. The typical Londoner is an ill-formed, unintellectual, cunning, animal sort of being; physically decrepit, and a mere parody of manly physique, as it is found in rural populations. The cure for this unhappy state of things lies, of course, in bringing to foggy, dirty, smoke-hidden London, the health-giving advantages of pure air and open spaces; and the improvement of the young by securing that their childhood shall be passed under circumstances calculated to give them plenty of open-air exercise in an atmosphere as good and vigour-creating as is to be found in country fields and villages. If enthusiasm and spirit will revolutionize the future, Mr. Cantlie's aspirations will be realised.

MR. E. OVEREND DAY, M.R.C.S., surgeon to the Royal Hospital for Women and Children, Waterloo Road, has been presented with a very handsome writing desk, as a mark of respect from some of his old patients.

THE Prussian Government has conferred upon Sir Joseph Lister, the distinguished order of knighthood, *pour le Merite*.

THE application for a change of the charter of the Royal College of Surgeons in Ireland, to enable professors and lecturers to be examiners, to authorise the Fellows to vote at elections by papers and *in absentia*, and to admit women to the diplomas of the College, has been sent to the Irish Government for its approval.

On Monday last, Sir James Paget delivered the prizes, and gave the address to the surgeons of the Army and Indian Medical Services who have just completed their course of instruction during the winter session of the Army Medical School at Netley.

THE lecture arrangements for the present year at the Royal College of Physicians of London are now completed by the appointment of Sir Andrew Clark, Bart., to the Lumleian Lectureship; Dr. Hermann Weber, to the Croonian; and Dr. William Osler, to the Gulstonian. The lectures which are open to members of the profession, on presentation of their card, will be delivered at the College on each of the following Tuesdays and Thursdays, at five o'clock—viz., the Gulstonian, on February 26, March 3, 5, the subject being "Endocarditis;" the Croonian, on March 10, 12, 17, subject "Hygienic and Climatic Treatment of Consumption;" and the Lumleian, on March 19, 24, 26, subject "Some Points in the Natural History of Dry Pleurisies."

University, College, and Hospital Intelligence.

EDINBURGH UNIVERSITY.

THE ENDOWMENT ASSOCIATION.—The annual meeting of the Association for the Better Endowment of the University of Edinburgh was held, on the 30th ult., in the Physicians' Hall, Edinburgh, the Lord Provost presiding. The report stated that there was a balance of the ordinary funds of the Association applicable to permanent foundations amounting to £1,553. Since the last annual report various new foundations in the University had been intimated. The report gave a statement of the income and expenditure of the General University Fund for the last year for which such information was available, 1882-83, from which it appeared that the income from matriculation and graduation fees was £8,749 14s. 6d., and from other sources, £4,242 14s. 1d., making a total of £12,992 8s. 7d. The ordinary expenditure amounted to £11,052, but with an additional contribution of £2,000 towards the cost of the new buildings, there was a surplus expenditure of £59 14s. The Lord Provost moved the adoption of the report. The Rev. Dr. Plin seconded the motion, and, referring to the appointment of Sir William Muir to the Principalship, said he had no doubt

that under the new Principal the University would go on increasing in prosperity and popularity. The report was adopted.

MANCHESTER.

PENDLEBURY HOSPITAL FOR SICK CHILDREN.—The fifty-sixth annual report of the Governors of Hospital and Dispensary for Sick Children, Pendlebury, states that during the year, 8,914 new patients had been admitted to the dispensary, as against 7,602 in 1883, an increase of 1,312. Of this number, 1,083 were sent into the hospital, against 1,050 in 1883; 838 were made home patients, against 804 in 1883; and 226 died, against 230 in 1883. The number of attendances had been 53,336, against 47,482 in the previous year; 3,024 home visits were paid, against 2,456 in 1883; making a total number of 56,390 consultations, against 49,938 in 1883. The mortality at the dispensary was 2.8 per cent., as against 3.5 in 1883. On the 1st Jan., 1884, there were in hospital 121 patients, against 119 in 1883. The admissions to the general wards were 953, against 880 in 1883; and to the Borchardt or fever ward 227, against 230 in 1883; making a total number under treatment during the year of 1,301, against 1,219 in 1883, an increase of 72 cases. Of this number, 1,050 were discharged cured or relieved, against 956 in 1883; 45 were unrelieved, as against 35 in 1883; and 102 died, against 117 in 1883; leaving in the hospital on the 1st Jan., 1885, 104. The per-centage of deaths has been 8.5, against 9.5 in 1883. The income of the institution in 1884 on current account has been £7,643 13s., or £89 5s. 4d. more than in 1883; and although the number of patients in the hospital and dispensary has been 1,384 above that in 1883, the expenditure has been £6,998 2s. 6d., or £226 9s. less than in the previous year. The patients discharged spent 41,929 days in hospital, or 1,072 less than in 1883, at a cost of each case in hospital of £5 4s. 10½d., against £5 17s. 8½d. in 1883, or £1 1s. per week, against £1 1s. 3d. last year. The cost of each dispensary case has been 1s. 7½d., against 1s. 10d. in 1883. In their last year's report, the Board of Governors called attention to the large expenditure which would be needed, in addition to the ordinary expenses of the hospital and dispensary, in reorganising the heating apparatus at Pendlebury. They stated that they had already entered into contracts approaching £2,200. They have expended on this account, and on sundry other structural items not then contemplated, £2,724 17s. 7d., and a further outlay is still needed. They have gratefully to acknowledge two donations of £500 each, generously contributed by Mrs. Langworthy and Mr. Oliver Heywood.

COTTON DISTRICTS CONVALESCENT FUND AND THE DEVONSHIRE HOSPITAL.—At the quarterly meeting of the Governors of the Cotton Districts Convalescent Fund, held in the Town Hall, Manchester, the Clerk (Dr. J. Watts) read a report on the use made of the Convalescent Hospitals during the past year. The report showed that 1,609 patients had been treated at the cost of the fund, compared with 755 in the year immediately preceding; that the cost had been £3,883 19s. 3d., which exceeded the total income from the fund by £290 16s. 9d., and that the demand was still increasing. The difference in cost between the maintenance of patients at the Southport Convalescent and the Devonshire Hospital, was 5s. 7d. per week per patient for last year, being 10s. 5d. at the former, and 16s. at the latter, and the Devonshire Hospital had intimated that their real cost was 16s. 8d. per patient per week. The following resolution, proposed by Lord Sefton, seconded by Lord Egerton, of Tatton, was adopted unanimously:—"That the extravagant cost for the maintenance of patients at the Devonshire Hospital does not fairly carry out the agreement upon which the grant by the Governors of the Cotton Districts Fund to that Hospital was made, and will necessitate a diminution in the number of cases sent; and that the attention of the Hospital Committee be called to this resolution." The report stated that the cost for provisions alone at the Royal Eye Hospital is 4s. 10½d. per patient per week, including officials; at the Barnes Convalescent Home it is 5s. 10d.; at the Royal Infirmary it is 6s. 3d.; at the Southport Convalescent it is 6s. 1½d.; whilst at the Devonshire Hospital it is 7s. 7d. The following resolution was moved by Lord Derby, seconded by Lord Egerton of Tatton, and adopted unanimously, "That the Board decline to recognize the extra charge of 8d. per week per patient for

the year 1884, made by the Managers of the Devonshire Hospital, such charge not being in accordance with the agreement entered into by the Governors of the Cotton Districts Fund." In order to meet the deficiency of income, the following resolutions were adopted, viz.:—"That the Hospitals and General Purposes Committee be empowered to make a charge not exceeding 15s. for each order for admission to a Convalescent Hospital issued by them for a term of three weeks, and a charge not exceeding 7s. 6d. for each order of admission to the Children's Sanatorium." "That a circular be addressed to the Managers of the affiliated hospitals, requesting them, until further notice, to send to the Devonshire Hospital such patients only as cannot be equally benefited by treatment at the Southport Convalescent Hospital."

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, NEWCASTLE-ON-TYNE.

MEDICAL SOCIETY.—On Thursday evening a meeting of this Society was held in the Library of the Infirmary. The chair was occupied by Dr. Drummond. The minutes of the previous meeting having been read and confirmed, after the transaction of a little preliminary business, the Chairman called upon Mr. Frederick Proud to read a paper on "Tænia Echinococcus and Hydatid of the Liver." After showing the progress of the parasite through its various phases, and entering at great length into the pathology of the hydatid cyst, hydatid disease of the liver was fully gone into. At the conclusion of this excellent paper, a most spirited discussion ensued by the numerous company present, amongst whom were Messrs. Steenberg, Awbry, Coad, Simpson, Richardson and Robson, and the differential diagnosis of hepatic hydatids was fully investigated. Afterwards several valuable and interesting specimens of hydatid liver were shown by Mr. Proud, and the chairman, in his concluding remarks, complimented Mr. Proud on the exhaustive and excellent manner in which he had treated the subject. A cordial vote of thanks to Dr. Drummond for presiding, brought the meeting to a close.

CRICKET CLUB.—At a general meeting, held at the College on Thursday, the 29th January, the following officers were elected for the ensuing year:—President, Dr. Drummond; Vice-President, Dr. Limont; Treasurer, Dr. Mears; Captain, Mr. Sumpter; Vice-Captain, Mr. W. H. G. Williams; Secretary, Mr. J. W. Leach. Committee—Mr. F. Proud, Mr. J. Huntley, Mr. D. McNabb, Mr. Hindhaugh.

Examination Questions.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

EXAMINATION FOR THE LICENCE (THIRD PART OR FINAL).
January, 1815.

Principles and Practice of Medicine.—1. Describe the mode of production, and the pathological and clinical results, of embolism of the brain. 2. Describe the symptoms, physical signs, course and treatment of a case of acute lobar or croupous pneumonia. 3. What are the causes of pericarditis? Give its physical signs, symptoms, and results. 4. What are the commoner complications and sequelæ of measles? State at what periods of the disease you would expect them to occur, and how you would treat them when present. 5. Discuss the pathology of gout; its causes; its associations with organic disease; its varieties and treatment. 6. What are the chief causes of obstruction of the bowel which come under the notice of the physician? Discuss the symptoms with reference to the kind and position of the obstruction; and indicate the treatment proper in different circumstances.

Midwifery and the Diseases of Women.—1. Describe the chorion and amnion, their origin, functions, and relative arrangements at term. 2. What are the difficulties and dangers of a case of impacted breech presentation, and the treatment you would adopt? 3. What are the causes and symptoms of vaginitis, and how would you treat a case? 4. Describe the proper management of the third stage of labour, and the difficulties likely to arise in connection with it, excluding hemorrhage. 5. What are the chief distinctive characters of pelvic peritonitis and pelvic cellulitis respectively?

6. A. B., æt. 35, married one year, was perfectly regular until August, 1884, in which month she missed her period. In September and October she had several irregular hæmorrhagic discharges, not amounting to flooding; she had also a good deal of pelvic pain and discomfort. On vaginal examination, an oval and somewhat elongated smooth swelling was found in the neighbourhood of the left broad ligament, uterus movable, displaced to the right, its cervix somewhat thickened and soft. Write a commentary on this case, stating its probable nature, and the treatment you would adopt.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following questions were given at the written portion of the examination for the diploma of member, held on the 20th and 21st inst.

Surgery and Surgical Anatomy.—1. How would you amputate the thumb at its carpal articulation? What parts would be divided in the operation? 2. Give the attachments and relations of the scalenus anticus muscle, with special reference to ligature of the subclavian artery. 3. You are called, four or five days after its infliction, to a case of punctured wound of the palm, which was attended at the time of the accident with copious hæmorrhage. This being repeated, what modes of treatment are open for adoption? State your reasons for the particular method which you would select. 4. What are the causes of gangrene? How is dead tissue separated from the living? 5. What are the varieties and complications of compound fracture of the tibia and fibula? How would you treat them? 6. Describe the symptoms, treatment, and prognosis of foreign bodies in the pharynx and œsophagus.

Medicine.—1. Describe a fit of ague. Point out the ætiology, varieties, pathological effects, and treatment of this complaint. 2. Give an account of the causes, morbid anatomy, symptoms and treatment of acute peritonitis. 3. Describe the physical signs of:—*a.* Pericardial effusion. *b.* Emphysema with chronic bronchitis. *c.* Cancer of the liver. 4. Mention the important ingredients in the following official preparations, and indicate briefly their actions and therapeutic uses, with their doses:—Confectio sulphuris; liquor arsenicalis; mistura ferri composita; pilula ipecacuanhæ c. scilla; pilula saponis composita; pulvis kino compositus; pulvis elaterii compositus; spiritus ammoniæ aromaticus; and tinctura colchici.

Midwifery and Diseases of Women.—1. Describe the mechanism of labour, with the head presenting in the right oblique diameter and the occiput posterior. 2. What is the meaning of the terms "uterine inertia" and "tonic contraction of uterus"? How would you distinguish between these conditions? 3. Describe a case of phlegmasia dolens from its commencement to its termination in recovery. What are the dangers incident to this disease? 4. What are the conditions which give rise to menorrhagia? How would you treat them?

COLLEGE OF PHYSICIANS AND SURGEONS OF EDINBURGH.

Questions for the Double Qualification, January 22, 1885:—

Medicine.—1. Describe the specific characters by which a syphilitic is distinguished from a simple psoriasis, and give the appropriate treatment for each of these forms of the disease. 2. What are the physical signs of mitral stenosis? Describe the morbid anatomy of the condition. Give the effects of the disease upon the arterial and venous circulations, and mention a pulmonary complication which is specially common in its course. 3. Give the causes, symptoms, and treatment of dilatation of the stomach. 4. Describe, step by step, the development of the small-pox eruption, and state what symptoms and appearances would lead you to regard a case of small-pox as one of malignant type. (Four questions, of which three are to be answered and not more.)

Materia Medica.—1. Nitrate of Amyl.—Give its physical characters, its physiological and therapeutical actions, its modes of administration, and its dose. 2. Strychnia.—Give its source, mentioning the name of the natural order, and of the plant, and stating what is the official part of the plant. Give the doses of strychnia, and of the liquor strychniæ. Describe the physiological and therapeutical actions of the drug. 3. Describe the composition of the mistura ferri composita. State

the chemical changes which occur during its preparation. *Prescription.*—Write in unabbreviated Latin a prescription for a pill containing nitrate of silver. (Three questions, of which two only are to be answered.)

Surgery.—1. Describe the condition of parts three weeks after simple fracture of a long bone. 2. Enumerate the varieties of tumour which may require excision of the upper jaw, and describe the different steps of the operation for its removal. 3. Give the varieties of iritis, with their symptoms and treatment. Describe the operation of iridectomy. 4. Mention the different varieties of stricture of the rectum; give their pathology, and the appropriate treatment of each. (Four questions, of which three only are to be answered.)

Surgical Anatomy.—1. Describe the whole course of the anterior tibial nerve. 2. Mention, in their order, the parts met with or divided in the operation for ligature of the lingual artery. (One question only to be answered.)

Medical Jurisprudence and Hygiene.—1. *Blood stains.*—Describe their physical characters: (a) When recent (b), when old. Mention the most reliable methods of testing for blood in each of these cases. 2. *Starvation.*—Describe the chief symptoms caused by total deprivation of food and water. What is the ordinary duration of life in such a case, and how may this be modified by access to water? Mention the post-mortem appearances. 3. Describe the symptoms of poisoning with acconite. Mention the treatment you would employ, and state briefly the method of determining the presence of this poison in the contents of a stomach. 4. *Ventilation.*—What are the more common causes of the vitiation of air in inhabited apartments? How may the presence of these impurities be proved—(a) physiologically, (b) chemically? (Four questions, of which three are to be answered, and in these 3 and 4 must be included.)

Midwifery and Gynecology.—1. Describe the mechanism and management of occipito-posterior cases. 2. Describe the treatment which may be required in a case of impacted cross-birth, with special reference to the possible complications. 3. Give the diagnosis and treatment of the retroverted unimpregnated uterus. 4. Give the symptoms, physical signs, prognosis, and treatment of acute pelvic peritonitis. (Three questions to be answered, of which the last must be one.) The above questions were also set for the Triple Qualification, with the following in the place of the *Materia Medica* paper:—

Therapeutics.—1. Classify emetics according to the different ways in which they act; give four examples of each, and state the circumstances which would call for your selection of one or other class. 2. Give the actions of opium in—1st, a small dose; 2nd, a moderate dose; and 3rd, a large dose. State how the action of the drug is modified by age, sex, idiosyncrasy, habit, and disease. 3. What are the actions and uses of iodine and iodide of potassium? 3. What are the physiological actions and therapeutical uses of the salts of potash? And in what respects do these differ from those of the salts of soda?

ROYAL UNIVERSITY OF IRELAND.

DEGREE OF "M.CH.," SEPTEMBER, 1884.

1. Mention the most common diseases of the thyroid gland, their dangers, and surgical treatment. 2. Enumerate the causes, pre-disposing and exciting, of aneurism. 3. Enumerate the fractures which may occur in the immediate neighbourhood of the shoulder joint, and describe fully any particular variety. 4. Enumerate the signs indicative of fracture through each of the fossae of the base of the skull. 5. Certain morbid growths are liable to occur in connection with the vesical mucous membrane. Name them. Specify their diagnostic indications, and describe the operation by which they may be removed. 6. Contrast sarcomata and carcinomata, especially as regards structural and clinical peculiarities, and name the principal varieties of each.

Medical News.

PASS LIST OF THE ROYAL COLLEGE OF SURGEONS.—The following, having undergone the necessary examinations for the diploma, were admitted members of the College on the 27th inst., viz.:—Messrs. Thomas E. Hillier, Edward W. Reid,

and George D. Haviland, of the University of Cambridge; Percy Hemming and Samuel C. Jones, University College Hospital; Thomas W. B. Burn, St. Bartholomew's Hospital; Richard Emmett, St. George's Hospital; and Edwin Goodall, Guy's Hospital. Two candidates, who passed in surgery at previous meetings of the Court, having subsequently obtained medical qualifications, were admitted members of the College, viz.:—Messrs. William J. Winckler, L.R.C.P.L., and Robert F. Bowie, L.R.C.P.L., of University College Hospital. Five candidates, who had previously qualified in surgery, having passed in the additional subjects, were also admitted members, viz.:—Messrs. Richard Moody-Ward, George P. Wornum, and George J. Cattell, of Guy's Hospital; Cuthbert U. Laws, of the Newcastle School of Medicine; and Arthur Roberts, London Hospital. The following were admitted on the 28th ult., viz.:—Messrs. John M'K. Ackland, student of Charing Cross Hospital; Mordaunt G. Dundas, L.S.A., Guy's Hospital; and Otto F. Wunderlich, L.R.C.P.L., of St. Bartholomew's Hospital. Three gentlemen who had previously qualified in surgery, having passed in the additional subjects, were also admitted members of the College, viz.:—Messrs. James H. Sellick, Hugh E. Jones, and Francis Heatherley, students of Guy's Hospital. The following were admitted members on the 29th ult., viz.:—Messrs. William A. Maggs, L.S.A., and Edward L. Williams, L.R.C.P.L., students of the Middlesex Hospital; Thomas W. Thomas, L.S.A., and William A. B. M'Cabe, L.S.A., University College Hospital; Freeland J. Freeland, L.S.A., King's College Hospital; James Wilding, L.S.A., Westminster Hospital; Harry W. Shadwell, L.S.A., St. Bartholomew's Hospital. Four candidates who passed in surgery at previous meetings of the Court, having subsequently obtained medical qualifications, were admitted members of the College, viz.:—Messrs. Arthur W. Dingley, L.R.C.P.L., University College Hospital; Arthur F. Messiter, L.R.C.P.L., of the Birmingham School of Medicine; William G. Thorold, L.R.C.P.L., Bristol School of Medicine; and Richard Lake, L.R.C.L., St. Thomas's Hospital. The following were admitted members of the College on the 30th ult., viz.:—Messrs. John Llewellyn, L.S.A., William H. Kelson, L.S.A., and Alfred Cropley, L.S.A., students of the London Hospital; Hunter J. Barron, L.R.C.P.L., and Francis G. Southern, L.S.A., St. Thomas's Hospital; Richard Edwards, and Bernard F. Hartzorne, L.S.A., of the Middlesex Hospital; Wm. D. Oakley, M.D.M'Gill, M'Gill College; Francis J. G. Mason and Jas. Soutter, L.S.A., St. Bartholomew's Hospital; William E. Coleman, University College Hospital; Arthur W. Harris, L.S.A., Charing-cross Hospital; Charles R. Davidson, M.B.Durh., Westminster Hospital; and Nowell-Barnes, St. George's Hospital. Four candidates who passed in surgery at previous meetings of the Court having subsequently obtained medical qualifications, were also admitted members, viz.:—Messrs. James R. A. Bennett, L.S.A. and William H. Hall, L.R.C.P.L., students of University College Hospital; Harry G. Guinness, L.S.A., London Hospital; and John R. Staddon, L.R.C.P.L., St. Thomas's Hospital. The following were admitted members of the College on the 2nd inst., viz.:—Messrs. Henry W. R. Bencraft, Frederick A. N. Bateman, L.R.C.P.L., and Robert Ritson, students of St. George's Hospital; Edward J. Smith, L.S.A., Charing-cross Hospital; William G. Rockwood, M.D., of the Madras, School of Medicine; Frank M. Wright, L.S.A., and William D. Stevenson, L.S.A., Middlesex Hospital; and Herbert C. W. Jones, L.S.A., of the University of Cambridge.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of Medicine, and received Certificates to practise on Thursday, the 29th of January, 1885, viz.:—Messrs. Walter Burrows Barnard, Charing Cross Hospital; Deane Bennett, St. Mary's Hospital; James Robert Abrahall Bennett, University College; George Wills Blomfield, London Hospital; Edwin Thomas Ensor, London Hospital; Harry Grattan Guinees, London Hospital; Charles Haynes, Charing Cross Hospital; Edward Francis Jones, London Hospital; Frederick William Devereux Long, Charing Cross Hospital; Alexander Wellesley Finch Noyes, Charing Cross Hospital; William John Stephens, King's College; Joseph Theophilus Weston, Bengal Medical College, Calcutta.

VACANCIES.—Derby Amalgamated Friendly Societies' Medical Association—Surgeon. Salary, £100 per annum. Applications to Mr. J. Bullivant, 58, Abbey Street, Derby, by

February 9th. Farringdon General Dispensary and Lying-in Charity—Honorary Physician. Applications to Mr. J. Lewis, 17, Bartlett's Buildings, Holborn Circus, by February 9th. Fisherton House Asylum, Salisbury—Medical Officer. Applications to Dr. Finch. General Infirmary at Gloucester, and the Gloucestershire Eye Institution—Physician. Applications by February 18th. Manchester Royal Infirmary—Resident Medical Officer for the Fever Hospital, Monsall. Salary, £220 per annum. Applications by February 14th. Mountjoy Convict Prison—Assistant Medical Officer. Salary, £120 per annum. Applications to the Under Secretary, Dublin Castle, by February 10th. Radcliffe Infirmary, Oxford—Resident House Physician. Salary, £80 per annum. Applications by February 14th. Royal Hospital of Bethlehem—Assistant Medical Officer. Salary, £300 per annum. Applications by February 12th. Sussex County Hospital, Brighton—Physician and Assistant Physician. Applications by February 11th. Township of Manchester—Resident Assistant Medical Officer. Salary, £140 per annum. Applications, endorsed "Medical Appointment," by February 7th. Wicklow Co. Infirmary—Medical Officer. Applications to Rev. H. Rooke, Honorary Secretary, The Parsonage, Wicklow, before February 11th.

ODE TO THE BACILLUS.

WM. TOD-HELMUTH, M.DOC.

Oh, powerful bacillus,
With wonder how you fill us
Every day!
While medical detectives,
With powerful objectives,
Watch your play.

In epidemic glanders,
In certain forms of "janders,"
You delight.
E'en to the fifteenth culture,
Voracious as a vulture,
You can bite.

Koch and Spina, growing splenic,
O'er your power septicæmic,
Rant and roar.
Schmidt says when pus grows rotten,
Only then you are begotten,
Not before.

In lung tuberculosis,
In skin necrobiosis,
How you squirm!
While gonorrhœal burning
Is caused by spores turning,
Some affirm.

'Tis said a crypto-coccus
Will very often choke us
If we fail
To drop the acid phenic—
Which is antisepticæmic—
On its tail.

Frier says in fever yellow
He finds a little fellow,
Breeding pest.
Gregg swears, do what he will, he
Sees nothing but fibrilli,
By his test.

In atmosphere mephitic,
In poison diphtheritic,
How you revel!
In earth, and air, and ocean,
You keep disease in motion,
Like a d—.

But, bacillus, oh! bacillus,
You try in vain to kill us,
Yet we thrive.
And though you try to blind us,
Next year, I hope, you'll find us
Quite alive.

THE MEDICINE CHEST.

In "The Life and Times of Sydney Smith," lately published, the author, Mr. Reid, quotes a rhymed letter which the reverend humourist addressed to a Mrs. Howard, who had asked his advice about stocking a medicine chest. Sydney Smith wrote:—

With store of powdered rhubarb we begin
(To leave out powdered rhubarb were a sin);
Pack mild magnesia deep within the chest;
And glittering gum from Araby the blest;
And keep, O lady, keep within thy reach
The slimy surgeon, blood-devouring leech.
Laurel-born camphor, opiate drugs prepare,
They banish pain, and calm consuming care.
Glauber and Epsom salts their aid combine.
Translucent streams of castor oil be thine,
And gentle manna in thy bottles shine.
If morbid spot of septic sore invade,
By heaven-sent bark the morbid spot is stayed;
When, with black bile, hepatic regions swell,
With subtle calomel the plague expel.
Anise and mint with strong Æolian sway,
Intestine storms of flatulence allay,
And ipecacuanha clears the way.
Soda and potash change the humours crude,
When hoven parsons swell with luscious food.
I know thee well, thou antimonial power,
And to thee fly in that heartrending hour
When feverish patients heave their laden breath,
And all is sickness, agony, and death!
Spare not in eastern blasts, when babies die,
The wholesome vigour of the Spanish fly;
From timely torture seek thy infant's rest,
And spread the poison on his labouring breast,
And so, fair lady, when in evil hour
Less prudent mothers mourn some faded flower,
Six Howards valiant, and six Howards fair,
Shall live to love thee, and reward thy care.

—The Chemist and Druggist.

Notices of Books.

LEWIS WOODHEAD'S PRACTICAL PATHOLOGY.*

The unusual excellence of Dr. Lewis Woodhead, *Manual* very quickly obtained for it a place among the books essential to be possessed by every working pathologist; and the appearance of a second edition of the work so quickly following its original publication, is only a fulfilment of the expectations of those who speedily perceived its thoroughly useful character. The book is eminently practical throughout; while the greatest assistance is given to those who are less conversant with methods in pathology, by the very clear and comprehensible directions for obtaining, preparing, and mounting specimens with which the book abounds. As a guide to practical pathology, indeed, it is without a rival in the English language.

A special feature of the work, and an important, is the illustrations. For fidelity to Nature, they will bear comparison with the actual objects, while the introduction of colour printing in connection with them enables the reader to grasp such an idea of the structures represented as will stand him in good stead when he is called upon to recognise the same tissues under the microscope. On this account students will find the work of invaluable assistance to them, especially in preparing for examination ordeals. It is, however, the observing and working pathologist who will give fullest welcome to Dr. Woodhead's *Manual*, for he will at once appreciate the manifold excellences it presents, and will recognise the importance of the help it can render in his special pursuits.

The second edition has been carefully revised, and in parts rewritten, while a good deal of new matter has been added to it. The illustrations are increased in number, many of the plates have been re-drawn, and original drawings have been substituted for many, which, in its first edition, were borrowed from other authors.

*Practical Pathology, by G. Lewis Woodhead, M.D., F.R.C.P., Ed., &c. Second Edition: Edinburgh, Young, J., Pentland.

We heartily commend this valuable and elegant guide to the close attention of every student and practitioner who aims at precision in the practical study of pathology.

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THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Mr. Anwyl-Butter, Blackpool; Dr. Armand Semple, London; Dr. H. Aubrey Husband, Edinburgh; Mr. E. A. Silver, Chislehurst; Mr. Robb, Newcastle-on-Tyne; Mr. A. C. Boen, Rugby; Mr. Dartnell, Liverpool; Mr. E. Day, Brighton; Mr. R. Wightley, Taunton; Dr. J. Brindley James, London; Dr. A. C. Maybury, London; Dr. Hills, London; Mr. Carthew, Truro, &c., &c.

BOOKS, PAPERS, &c., RECEIVED.—The Journal of the Postal Microscopical Society—Midland Medical Miscellany—New York Medical Record—Medical Press and Circular—Medical Times and Gazette—British Medical Journal—Canada Medical and Surgical Journal, &c.

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STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

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Lord-Chancellor Selborne and Lord Justice James stated that the Defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

It was proved in Court, on affidavit by Mrs. Forbes, of Paris, that the testimonial published in the *Times*, November 14th, 1865, speaking of the great efficacy of Chlorodyne in Cholera, referred to Dr. J. COLLIS BROWNE'S Chlorodyne, and that she never used any other; and she had written to the Defendant Freeman to that effect, notwithstanding which notice the Defendant publishes the said testimonial as referring to his medicine.

The Editor of the *Medical Times*, in his report on Chlorodyne, January 13th, 1866, gives information that the Chlorodyne referred to was the medicine introduced by a retired Army Medical Officer, which was Dr. J. COLLIS BROWNE; still this is published by the Defendant as testimony to his medicine.

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Notes by the Way.

THE story of the horrible massacre at Khartoum, and the murder of the great and noble General Gordon, seems to have roused the country to a full recognition of the utter incapacity of the present Ministry to grasp the necessities of the situation in the Soudan. The whole Egyptian business, from the bombardment of Alexandria to the fall of Khartoum, has been a series of disgraceful muddles. Our intentions have throughout been of the very best, but the course of affairs has been allowed to drift, and when any action has been decided upon, the resolution has been arrived at "too late." Had the expedition under Lord Wolseley arrived before Khartoum three days earlier, Gordon would have been saved, but the Cabinet seemed to have arranged matters so that the relieving force should arrive at the goal just in time to be told that it was too late to save the life of the hero on whom the eyes of all Europe were fixed. Of course, the murder of Gordon must be avenged, the Mahdi must be smashed, and the Soudan pacified, let the cost be what it may. Another large expedition is being fitted out, which will afford a grand opportunity for young medical men and students to show their patriotism by volunteering to give their services to the Army Hospital Corps, now under orders for the Soudan. The task will be an arduous one, and one full of dangers, but neither the difficulties nor danger will deter medical students from coming forward to discharge their duty to their country, and I have no doubt that already there are more applicants for places than there are vacancies.

A writer in one of the Society journals, referring to the late Dr. Marshall, relates the following story, which shows that even the post of physician to the Royal Household is not altogether an enviable one. He writes:—"That excellent man held the post of physician-in-ordinary to the Queen. The office is one which required him to be always on duty, and always within call. After many years of unbroken service he was allowed a vacation the year the Queen went to Baveno, and occupied Mr. Henley's villa, on the shores of Lago Maggiore. She took with her Sir William Jenner, who has long been her extraordinary or consulting physician. John Brown, of course, was of the party. Not long after they arrived John was attacked by some ailment, which was, I believe, painful, but to the medical mind, trivial. Rumour, concerning herself as she does with the slightest matters relating to great people, said that John had the colic. Whatever it was, John was not satisfied with the services of the first physician in England. He had no confidence in Sir William Jenner. His faith in medicine was given to Dr. Marshall, and to him alone. He insisted that Dr. Marshall should be sent for, and sent for the poor man was, by telegraph, and had to abandon his hard-won holiday, and journey across Europe at the bidding of the Highland gillie, whose chief complaint was whisky. He made the journey, and arrived only to find John Brown well again, and to be abused for not having come more quickly."

THE second round of the ties for the Hospitals' Rugby Union Challenge Cup, has been played off this week. On Monday, University College played St. Thomas's Hospital, and after a very stubbornly-contested game, the former were declared victors by 25 points to 13. On Tuesday, St. Bartholomew's and Middlesex Hospitals met to try conclusions, and, to the surprise of everyone, the latter team won as they liked by 72 points to 10. The Westminster team were drawn to play London on Wednesday, but in football contests, as in other encounters, discretion is often the better part of valour; and in the present instance, the Westminster representatives had the good sense to avoid a certain, overwhelming defeat by "scratching." The ties for the third round are London v. St. George's, on the 19th, and University College v. Middlesex, on the 20th. Judging by previous form, the final tie should rest between London, the present holders, and University College.

PARLIAMENT meets next week, and it is believed that Government intends to bring in a Medical Reform Bill similar to the unfortunate measure of last year early in the session. No doubt reform in matters medical is much needed, but it will be better to let things remain as they are than that a "Quack's Emancipation Bill," as Dr. R. H. S. Carpenter aptly described the last Government Medical Reform Bill, should become law.

THE conveniences of our modern inventions are, says the *Canada Medical and Surgical Journal*, to an extent, off-set by drawbacks. For instance, the telephone with the mischievous girl at the central office, as illustrated by the following case:—A husband calls up a doctor, and tells him his wife has "a severe pain in the back of her neck, and complains of a sort of goneness in the stomach." "She has malarial colic," returns the man of medicine. "What shall I do for her?" asks the now anxious husband. The wicked girl at the central now switched off to a machinist who was talking to a saw-mill man about his boiler, and this is the advice which falls on the husband's tympanum: "I think she's covered with scales inside about an inch thick. Let her cool down during the night, and before she fires up in the morning take a hammer and pound her thoroughly all over; then take a hose, and hitch it on the fire-plug, and wash her out." It is reported the doctor and the husband do not now speak as they pass by, and that the doctor has decided to discontinue telephonic consultations.

It is reported that Dr. Domingo Freire, of Rio de Janeiro, has discovered a microbe in yellow fever, which has been treated so as to form a vaccine matter. The success was so marked in the case of those who allowed themselves to be experimented upon, that he afterwards vaccinated workmen in the harbour, and more than 500 persons in the capital itself. None of them were attacked by the disease, except a few who had it in the most modified and mildest form. When shall we hear the last of the villainous microbe?

THERE is a vein of humour about Mr. Cantlie, of Charing Cross Hospital, which is so veiled beneath a gloss of solid earnestness, that even some of his most intimate friends fail to recognise it. But the humour exists, and, do what he will, he cannot suppress it. Recently, he has been perpetrating a little joke at the expense of the purebred Cockney. Having to lecture at the Parker Museum, he selected, as the burden of his story, the degeneration of the race of Londoners, and he managed to draw a pretty alarming picture of the average Cockney of the second or third generation—a miserable, ill-developed individual, of stunted growth, diminutive head, feeble intellect, and rotten constitution. Had Mr. Cantlie stopped here, I should have imagined that he was serious; but when he goes on to say that the reproductive powers of the undiluted Cockney become so attenuated by the time the third generation is reached, that the existence of a Londoner of the fourth generation is almost an impossibility, I can only conclude that he is poking fun at us. I happen to know a few masculine Cockneys of the third and fourth generations who are still capable citizens, and who would commit fearful havoc if turned loose in a seminary for young ladies. It is not everyone who knows Mr. Cantlie as well as I do, and many Cockney fathers of families will regard his degeneration theory as a factor to be dealt with in the domestic economy, and supply the antidote by mating their delicate daughters with good lusty fellows fresh from the agricultural districts.

PERIPATETICS.

Original Papers.

THE PULSE: HOW TO FEEL IT AND WHAT IT TELLS.

By J. MILNER FOTHERGILL, M.D.,

Physician to the City of London Hospital for Diseases of the Chest, &c.

(Continued from page 46.)

HAVING learned to find the pulse and "feel" it, the student is prepared to reason upon what he observes.

The pulse is felt to be fast, feeble, and the artery compressible—telling of ill filled vessels. The arterial system is comparatively empty. The blood is flowing readily out through the capillaries, and the heart is beating fast to fill the arterial system. When the arterial system is comparatively empty, then the accelerator fibres in the vagus are thrown into action. "The what?" again asks the student, who has not taken out his course of physiology. The accelerator fibres of the vagus are those which cause the heart to beat faster, and are in action when you meet that cousin Emma spoken of before, or when you open a letter from your aunt, which you hope will contain a bank-note. Now do you understand? In pyrexial conditions there is this dilatation of the terminal vessels, and the pulse is fast, and more or less feeble, except when there is athenic inflammation of a viscus, and then the pulse may be fast and bounding. The

fast pulse of a pyrexial state was in the days anterior to the modern thermometer not so readily by the physician with a hand—a time not very far distant—as is the record of the temperature now. The last is now permanent; and on temperature charts the respiration and circulation either have no place allotted to them, or occupy an essentially subordinate position. If the student would count the pulse carefully, and then the respiration before taking the temperature, he would see there is a law ruling all three, and that as a rule they rise together and fall together. Now is this merely a scientific fact, it has a distinctly practical bearing. It does not take long to note the pulse and the breathing; but it takes fully five minutes to take the temperature properly. Five minutes is time when you first enter practice—and a little time spent over a patient makes a good impression, and looks well in a youthful man—but as you grow into busy practitioners (as you all naturally hope to do) the time is of moment. If you have learned to do as just advised in a large proportion of cases, you will see how to dispense with the thermometer at times without being the loser. There is another matter involved in the study of the pulse in its relation to the breathing and the body heat, and it is this, whenever you find the breathing going up out of proportion to the pulse rate, then it will be well to examine the chest—you will find something! In all thoracic mischief a rise in the breathing means further embarrassment; a fall tells of improvement. It is not that the temperature is not important, it is that at present the other matters are neglected in our novel enthusiasm about a new instrument of precision.

The pulse-rate is a matter of much practical moment in relation to the rapidity of the pulse in pyrexial states. Say a person is complaining of intense pain in the side or in the belly—suffering intensely, and the doctor is called in. What does he do? He feels the patient's pulse. It is slow. He knows at once that he has *not* to deal with an inflammation of the serous membrane; but with a non-inflammatory state. If the pulse be fast, then further examination is essential, as the quick beating of the heart may be the result of nervousness or excitement. But as a rule in severe pain (non-inflammatory) the pulse is usually slowed. It is often wise to take a second observation of the pulse ere leaving, and compare this with the first observation. So much, then, for the fast feeble pulse of the readily-compressed artery.

When the pulse is slow, strong, and sustained, then the inhibitory fibres of the vagus are in action. What are they? asks our young friend once more. When the roots of the vagus are flooded with blood, the inhibitory fibres of the vagus are thrown into action, and the heart is slowed. Are there any particular set of circumstances where the pulse is habitually slow? There are; and a very important matter it is to realise the slow, firm pulse, with an incompressible artery (often feeling, as Dickenson describes it, "like a tendon"), occurring in persons (usually males) at and over middle age. There are present here the hypertrophied left ventricle, the full arterial system, the larger bulk of urine (the physiological evidence of "high blood-pressure

within the arteries," which we know to be linked with chronic Bright's disease—in *esse* or in *posse*. This linked condition is a pathological state underlying many of the maladies of advancing years, as apoplexy (from rupture), aneurysm, and angina pectoris (vaso motoria). This condition gives "the gouty heart," general atheroma of the arteries, the gouty kidney, or chronic Bright's disease, according to the most prominent manifestations. It is known by the tense artery it gives—i.e., the artery is full in the interval as well as at the beat. In fact, the artery is never empty, and gives the square-headed tracing when the sphygmograph is brought into play—a useful instrument for the study of the pulse. Modern observation (in which the late Dr. Mahomed held so conspicuous a part) is telling us, in unmistakable accents, of the prevalence of such a linked condition where there is an excess of nitrogenised waste in the blood, leading, in the first place, to contraction of the terminal arterioles, from which the rest follows—the most complete complex pathological chain of events with which we are acquainted. Not only is this hard artery to be felt, it can in many instances be seen; and the elongation of a tortuous temporal artery in the above condition is often very noticeable at each beat.

It is very instructive in the above condition of hard, slow, pulse in an elderly man to let him inhale a few (five) drops of nitrite of amyl. As the arterioles dilate, the pulse, in rate and character, changes to that of the pyrexial state; but, after a few minutes, regains its primitive character.

(To be continued.)

NOTES ON ANATOMY.

By G. M. DARTNELL, L.R.C.S., &c.

(Continued from page 39.)

LESSER INTERNAL CUTANEOUS NERVE.

Origin.—Usually from the inner cord of the brachial plexus.

Course.—Concealed at first by the axillary vein, it is directed inwards *beneath* (but sometimes *through*) that vein, and communicates with the intercosto-humeral nerve (from second intercostal nerve). It then descends along the *inner* side of the brachial artery to the middle of the arm, where it *pierces* the deep fascia, and is distributed to the integument of the back of the lower third of the arm as far as the elbow.

Branches.—It gives branches to the intercosto-humeral and internal cutaneous nerves.

Supplies.—Integument on *inner* side of arm.

Note.—This is called Wrisberg's nerve, and is the *smallest* branch of the brachial plexus.

ANCONEUS MUSCLE.

Origin.—Back part of outer condyle of humerus.

Insertion.—Triangular surface at the upper part of the posterior surface of the shaft of the ulna.

In front.—Strong fascia derived from the triceps muscle.

Behind.—Elbow joint, orbicular ligament, the ulna, and a small portion of the supinator brevis muscle.

Nerve.—Musculo-spiral.

Action.—Assists the triceps in extending the arm.

Note.—A narrow cellular interval separates it from the triceps muscle.

BETWEEN SUPERFICIAL AND DEEP MUSCLES (BACK OF FOREARM).

1. Posterior interosseous artery (interosseous branch of ulnar).

2. Posterior interosseous nerve (a division of the musculo-spiral nerve).

POSTERIOR INTEROSSEOUS ARTERY.

Origin.—From the interosseous branch of the ulnar artery.

Course.—It passes backwards through the *interval* between the oblique ligament and the upper border of the interosseous membrane, and between the radius and ulna bones, running down the back of the forearm *between* the superficial and deep layer of muscles, to the back of the wrist, where it terminates by joining the posterior carpal arteries of both radial and ulnar arteries, and also the terminal branch of the anterior interosseous artery.

Branches.—Muscular—to extensor muscles.

Interosseous recurrent—to the outer and back part of elbow.

POSTERIOR INTEROSSEOUS NERVE.

Origin.—A division of the musculo-spiral.

Course.—Piercing the supinator brevis muscle, it winds to the back of the forearm, in the substance of that muscle, and, emerging from its lower border, passes down *between* the superficial and deep layer of muscles to the middle of the forearm. It then descends on the interosseous membrane, *beneath* the extensor secundi internodii pollicis, to the back of the carpus.

Branches.—Muscular.

Articular—to wrist joint.

Supplies.—Extensor carpi radialis brevis, extensor communis digitorum, extensor minimi digiti, extensor ossis metacarpi pollicis, extensors primi and secundi internodii pollicis, extensor indicis, supinator brevis.

Note.—A *ganglionic* enlargement may sometimes be found on the articular branch to the wrist.

SUPINATOR BREVIS MUSCLE.

Origin.—External condyle of humerus, external lateral ligament of elbow joint, orbicular ligament of radius; from the ridge on the ulna which runs obliquely downwards, from the posterior extremity of the lesser sigmoid cavity, from the triangular depression in front of it, and from a tendinous expansion, which covers the surface of the muscle.

Insertion.—Back part of inner surface of the tuberosity of the radius; outer edge of bicipital

tuberosity, and to the oblique line of the radius as low down as the insertion of the pronator radii teres.

In Front.—Superficial extensor and supinator muscles, and radial vessels and nerve.

Behind.—Elbow joint, interosseous membrane, radius.

Nerve.—Posterior interosseous.

Action.—Supinates the forearm.

Note.—This muscle is *pierced* by the posterior interosseous nerve, and is *separated* from the extensor ossis metacarpi pollicis by the posterior interosseous artery.

EXTENSOR OSSIS METACARPI POLLICIS MUSCLE.

Origin.—Posterior surface of shaft of ulna below the insertion of the anconeus, from the interosseous ligament, and from the middle third of the posterior surface of the shaft of the radius.

Insertion.—Base of metacarpal bone of the thumb.

In front.—Extensor communis digitorum, extensor minimi digiti, fascia of forearm, branches of posterior interosseous artery and nerve.

Behind.—Ulna, interosseous membrane, radius, the tendons of the extensor carpi radialis longior and brevior; at outer side of the wrist, the radial vessels.

Nerve.—Posterior interosseous.

Action.—Extends the metacarpal bone of the thumb and assists in supinating the forearm.

Note.—This is usually the only one of the special extensors of the thumb which has an origin from *both* bones of the forearm.

EXTENSOR PRIMI INTERNODII POLLICIS MUSCLE.

Origin.—Posterior surface of the shaft of the radius below the extensor ossis metacarpi pollicis, and from the interosseous membrane.

Insertion.—Into the base of the first phalanx of the thumb.

In front.—Extensor communis digitorum, extensor minimi digiti, fascia of forearm, the posterior interosseous artery and nerve. At its origin it is partly covered by the extensor secundi internodii pollicis.

Behind.—Ulna, interosseous membrane, radius, tendons of extensor carpi radialis longior and brevior, and at the outer side of the wrist with the radial vessels.

Nerve.—Posterior interosseous.

Action.—Extends the first phalanx of the thumb, and assists in supinating the forearm.

Note.—This is the *smallest* muscle of the deep layer.

EXTENSOR SECUNDI INTERNODII POLLICIS.

Origin.—Posterior surface of shaft of ulna, below the origin of the extensor ossis metacarpi pollicis, and from the interosseous membrane.

Insertion.—Base of last phalanx of thumb.

In front.—Extensor communis digitorum, extensor minimi digiti, fascia of forearm, posterior interosseous artery, and branches of posterior interosseous nerve.

Behind.—Ulna, interosseous membrane, radius, the wrist, the radial vessels, metacarpal bone of the thumb.

Nerve.—Posterior interosseous.

Action.—Extends the last phalanx of the thumb.

Note.—It is separated from the other extensor tendons of the thumb by a triangular interval, in which the radial artery is found.

(To be continued.)

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, FEBRUARY 14, 1885.

EDITORIAL AND PERSONAL.

A most entertaining discussion has, for some weeks past, been in progress in the pages of certain of our contemporaries respecting the right to the title of "Doctor" possessed by those who are *not* Doctors. It seems that custom has ruled the adoption of the coveted designation by aspiring Licentiates of the Royal College of Physicians of *Edinburgh*; and several holders of this distinguished diploma have rushed into print with the important information that "officials of the College" have addressed them as "Doctor," on the strength of their possessing the L.R.C.P.Ed. Of late, however, since the fact seems to have been generally recognised that none but University Graduates in Medicine have any sort of right to be dubbed "Doctor," unblessed Licentiates have become alive to their miserable condition, and are now seeking to justify their adoption of that to which they cannot lay legal claim. The whole affair is vastly amusing, and the more so since all the unhappy ones nearly hail from the *Edinburgh* College. There can be little doubt that many men have paid for the license of this Corporation in past years under the blissful impression that, by doing so, they were purchasing a "right" to call themselves "Doctors;" and the virtuous repudiation now uttered by the College authorities is a rude blow to the numerous class of practitioners affected by it.

THERE are few members of the Royal College of Surgeons of England who do not remember, as one of the most prominent figures about that institution, the porter whose presence in the Hall of the College was the first to greet their entrance. For a long number of years the officer in question, Mr. Ford,

has been inseparably associated with the College, and a general feeling of regret will be experienced at the announcement of his recent decease. After a humble fashion, the late porter was a "brother journalist," inasmuch as it was by him that lists of successful candidates at the College Examinations were usually furnished to the newspapers; and in many ways he was useful in spreading information concerning the institution to which he was attached. His death was preceded by an illness of some months' duration.

THE name of Lucilla Dudley, in connection with the recent attempt to destroy the life of O'Donovan Rossa, the Irish-American dynamite propagandist, will recall the painful story of a woman in whom very many persons in this country have been strongly interested. At the London Hospital, especially, there are many whose recollection of her must still be fresh; and the sister of the ward in which the unfortunate woman was for a short time a patient, and who showed her many acts of kindness, will be among the first to feel keen pity for her quondam charge. That the mad attempt to rid society of a dangerous obstacle to progress was made in a moment of insanity there can, fortunately, be no sort of question; but the lesson taught by the event is none the less important. It is that persons of clearly unsound mind can never be permitted to roam about free from all supervision without the risk of danger being incurred; and, though it may be that a worthless life has been aimed at in one case, it is possible that an unbalanced mind might less successfully choose its object on another occasion. That Mrs. Dudley is to be classed among the insane is not open to question; and this aspect of her exploit is the one alone from which it derives an interest for medical readers.

At a meeting of the Edinburgh University Court held last week, the following Examiners in the Faculty of Medicine were re-appointed:—In Surgery, Dr. J. D. Gillespie; in Clinical Medicine, Dr. Byrom Bramwell; in Physiology, Dr. Richard Oatton; in Materia Medica, Dr. William Murrell; in Pathology, Dr. Sydney Coupland; in Practice of Medicine, Dr. Thomas Barlow; in Midwifery, Dr. J. Halliday Croom; in Anatomy, Professor D. J. Cunningham; in Chemistry, Dr. A. P. Aitken; and in Medical Jurisprudence, Dr. H. D. Littlejohn. To the vacant Examinership in Botany, Professor Isaac Bayley Balfour was elected; and to that in Natural History, Dr. Ramsey H. Traquair. The appointment of Examiner in Clinical Surgery was, however, postponed. The Court resolved to recognise the Examination in Arts of Sydney University, held after one year's study, as qualifying for entrance on medical study in Edinburgh University.

At a meeting of the Metropolitan Asylums Board on January 31st, it was resolved to appoint Captain Butler, R.N., to be General Superintendent of Darenth Camp, to have authority immediately after the Medical Superintendent. Captain Butler takes the place of the late steward, Mr. Harper, who has had to resign owing to ill-health, brought on by over-

work. The managers agreed that Mr. Harper should be awarded the sum of 150 guineas, "in consideration of the extraordinary services rendered by him in the establishment and administration of Darenth Camp."

THE *Manchester Guardian*, in an article on the "Manchester Directory for 1885," says:—We find that there are 397 physicians and surgeons—the bulk of them known as general medical practitioners—practising amongst us in Manchester and Salford. Take the population at 650,000, and these figures give about one to each 1,750 of the inhabitants; surely by far too few, and yet how hardly do some of them thrive. Dentists number 135, or one to about every 5,000 of population; of chiropodists there are only five, or one to about each 130,000 of the population. There are 26 "opticians," or one to every 25,000 of the population, but of these the number who would be regarded as oculists would be very much smaller, probably one to each 75,000 of the people. In regard to these last-named professors of the art of healing, the number is surely far too small in proportion to the needs of those affected in some way or other with diseases of the eye, but there is probably no organ of the body that has afforded a more fertile field to the empiric and the quack. As a subordinate branch to the medical profession come the chemists and druggists, many of whom may almost be regarded as medical practitioners, and who number 243, or one to every 2,675 of the population. In addition to these there are 150 manufacturing chemists, and 16 analytical chemists. The herbalists still continue to thrive, showing that the belief in the healing power of herbs is still a living faith; but as the dealers in herbs are not classified as a trade we cannot give their proportion, either to the population or the "profession." The number of veterinary surgeons is 23, and there are 10 surgical instrument makers—the indispensable helpers to the profession—giving one to each 40 of the medical practitioners; and there are also eight makers of artificial limbs."

THE sphere of usefulness enjoyed by the medical charities of Manchester and Salford is increasing in its dimensions year by year. According to the latest published reports of these institutions, no fewer than 125,460 patients were received during the past year at a cost of £58,104. As compared with the previous year, the increase in the number of patients has been 8,562, and the expenditure has increased by £2,752. The Royal Infirmary alone has had 14,684 more patients than any other hospital. Of the total number of patients (30,213) at that Institution 7,787 have been accident cases. It has also received 6,616 in-patients (or about two-fifths of the total number) from places beyond Manchester and Salford. To St. Mary's Hospital, where there was a total number of 15,529, 75 places outside Manchester and Salford sent patients—no fewer than 108 being from Oldham, Bolton, Blackburn, and Rochdale. At the Children's Hospital 616 were patients from outside towns; while at the Eye Hospital, there were 260 patients from Ashton-under-Lyne, 122 from Blackburn, 328 from

Bolton, 202 from Bury, 166 from Stalybridge, 133 from Hyde, 532 from Oldham, 236 from Stockport, and 220 from Rochdale. Heywood sent 98 patients to the Royal Infirmary and Hospital. In face of these facts an appeal has been made, not only to the inhabitants of Manchester and Salford, but also to those of the neighbouring towns for additional pecuniary help.

PROFESSOR PARKER will commence his annual course of Lectures in the theatre of the Royal College of Surgeons on Monday next, and deliver six lectures on Birds, their Genesis and Structure. He will be succeeded, on the 23rd instant, by Professor Frederick Treves, who will deliver three lectures on the Anatomy of the Peritoneum and Intestinal Canal in Man. On March 2nd, Professor Charles Stewart will commence a course of three lectures on the Structure and Life-History of the Hydrozoa. Professor Alexander Hill will commence his course of three lectures on March 9th, on the Grey Masses of the Cerebro-Spinal System, their relations to one another, and to Peripheral Nerves; and, on March 16th, Professor W. A. Brailey will commence his course of three lectures, on some points in the Anatomy and Physiology of the Eye. The lectures by Professors Lund, Wood, Stewart and Schäfer, will be given some time in June.

University, College, and Hospital Intelligence.

ST. BARTHOLOMEW'S HOSPITAL.

FOOTBALL CLUB.—On Saturday, the 31st ult., a match was played between the second fifteens of St. Bartholomew's and Guy's Hospitals, at Shepherd's Bush, the Barts team coming off the winners by a goal and two tries to *nil*. Barts having won the toss decided to play with the wind, and soon after the commencement of the game Bennet got in for Barts, but a goal was not kicked. The ball being again started, play was for some time confined to the Guy's 25, when Bennet obtained another try with the same result as before. The game now kept in the centre of the ground till a fine run by Judge again got Barts a try, which was converted into a goal by a capital kick from Haynes. After half time nothing was scored; Hill got in, but the try was not allowed. For Barts the following gentlemen distinguished themselves by their good play, viz., Clapham, Elkington, Humphries and Pritchard.

A sad accident befell a member of the Barts first fifteen last week; as he was carrying a case of instruments he managed to let them fall, and a knife piercing his leg, cut the saphena vein, and punctured the femoral artery. After a consultation it was decided to ligature them both, which was done, and we are glad to say that he is now getting on so well as to promise a speedy recovery.

ROYAL UNIVERSITY OF IRELAND.

The Standing Committee met on Saturday, at the University, Earlsford Terrace. There were present—The Right Hon. John T. Ball (in the chair), Lord Emly, Sir Robert Kane, Very Rev. Dr. James B. Kavanagh, Rev. Dr. Porter, President of Queen's College, Belfast; Dr. Sullivan, President of Queen's College, Cork; Dr. Moffett, President of Queen's College, Galway; Dr. G. J. Allman, Dr. Banks, Dr. Cruise, Most Rev. Bishop Healy. The secretaries, Dr. J. C. Meredith and Dr. D. B. Dunne, were in attendance. The Committee had under consideration the courses of the University. Mr. M. J. Farrelly, M. A., the senior representative of Convocation on the Senate, was present.

TRINITY COLLEGE.

SCHOOL OF PHYSIC.—Half M.B. (passed in high marks):—Henry, John P.; Hopkins, Thomas. In Botany and Materia Medica:—Clarke, Jas.

Owing to pressure on our space, we are compelled to hold over a full report of the Irish Medical Association meeting.

MANCHESTER ROYAL EYE HOSPITAL.

At the annual meeting of the subscribers and friends of the Manchester Royal Eye Hospital, held in the Mayor's Parlour, Manchester Town Hall, Mr. J. Parlance read the report of the Board of Management, which stated that the total number of patients registered on the books of the hospital during the past year was 45,427, an increase of 725 on the year that preceded it, and an increase of 2,566, or more than 20 per cent. on the figures given in 1882. The accident cases numbered 2,190, an increase of 100 on the year 1883, which was again an increase of 785 on the preceding year. The in-door patients during the year numbered 1,155 against 1,213 in 1883, but their average stay in the hospital was 19½ days, against 18-8'10 in the latter year. The new premises in Oxford-street were progressing towards completion, though, from one cause or another, they will not be ready for occupation as soon as was originally contemplated. The response to the committee's appeal for funds was most generous, though the contributions had been from a limited number of individuals. About £5,000 were, however, still required to make up the amount the board asked for last year for their building and furnishing fund; and they had felt it to be their duty to issue a circular to the residents in the neighbouring towns, which supplied the bulk of the in-door patients, calling their attention to the inadequate aid they gave in proportion to the benefits they received from the charity. Three-fourths of the in-patients came from towns outside Manchester and Salford. During the year the following legacies had been announced:—£100 from Mr. J. Sorbie, £105 from Mr. Frank Lowther, and £1,000 from Mr. John Harding, of Leamington, but formerly of Manchester. The Manchester and Salford Hospital Saturday and Sunday Fund had made a grant of £435 13s., and the committee had also to acknowledge a repetition of the gift of £10 from his worship the Mayor, as distributor of Clarke and Marshall's Charity. The financial support so readily accorded to them was accepted by the board as an acknowledgment that the money entrusted to them had been employed to good advantage.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Admitted members, January 29th, 1885:—W. R. Dakin, M.D., Lond., 61, Edith-road, W.; W. A. Foxwell, M.B., Camb., General Hospital, Birmingham; H. Handford, M.D., Edin., Nottingham; A. H. N. Lewers, M.B., Lond., 109, Gower-street, W.C.; J. M. McDonagh, M.D., Brussels, 123, Beaufort-street, S.W.; W. Pasteur, M.D., Lond., 19, Queen-street, Mayfair, W. Admitted Licentiates:—G. G. Adams, 5, Oakfield-park, Clifton, Bristol; E. Annacker, Oxford-street, Manchester; E. I. Bower, 15, Acton-street, W.C.; R. F. Bowie, 24, Huntley-street, W.C.; H. T. Bury, 15, Granby-street, N.W.; R. M. Canfield, M.D. Vermont, 29, Amwell-street, E.C.; R. H. Cox, 102A, Mount-street, W.; G. H. De'Ath, Guy's Hospital, S.E.; D. A. De Montbrun, 1, Osanaburgh-street, N.W.; A. W. Dingley, 277 Camden-road, N.; H. Downes, 14, St. Mary's-road, Canonbury, N.; R. T. Fetherstonhaugh, 25, Park-road, West Dulwich, S.E.; H. H. Fisher, 36, Wilmington-square, W.C.; J. H. Gilbertson, Hertford; F. W. Gordon, Bynar-lais, Llandrindod Wells; A. S. Gubb, French Hospital, Leicester-square, W.C.; J. H. Hacking, Old Trafford, Manchester; W. H. Hall, 27, Claremont-square, N.; W. G. Henry, M.D. McGill, 52, Torrington-square, W.C.; W. Huntington, 5, Amberley-street, Liverpool; J. A. Jones, Tir Caradoc, Taibach; C. L. Josling, Sidcup; C. Kebbell, Sussex County Hospital, Brighton; R. Lake, 47 Beasborough Gardens, S.W.; C. R. Larie, Buokhurst Hill; A. McKillop, M.D. Toronto, 12, Nicholas-street, E.; H. T. D. Medley, 40, Brondesbury-villas, N.W.; A. F. Messiter, Willington, Burton-on-Trent; G. W. Mullis, 8A, Penton-place, S.E.; A. M. Page, 43, St. John's Wood-terrace, N.W.; E. B. Parfitt,

24, Moxilla-gardens, W.; H. J. Pulling, 24, Denbigh-street, S.W.; W. A. Ross, Toronto, Canada; G. L. Rugg, Stockwell-villa, Clapham-road, S.W.; G. A. Shackel, Erleigh-court, Reading; A. Smith, 54, Stockwell-green, S.W.; W. Spry, 1, Upper Bedford-place, W.C.; J. R. Staddon, 159, Fentimam-road, S.W.; G. E. Stewart, 29, Cobourg-road, S.E.; O. Strickland, 11 Warwick-road, W.; W. G. Thorold, 30, Sussex-street, Pimlico, S.W.; F. Tratman, 63, St. Peter's-road, E.; F. S. Turner, 29, Avenue, Chiswick; W. Washbourn, 8, Granby-street, N.W.; C. J. West, 146, Buckingham Palace-road, S.W.; R. M. Williams, 94, Blackheath-hill, S.E.; R. R. Williams, 8, Ampton-place, W.C.; W. Winckler, University College Hospital, W.C.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College, at a meeting of the Court of Examiners on the 3rd instant. :—Messrs. F. S. Barnett, L.S.A., Stoke Newington; E. X. Harcourt, L.R.C.P., Lond., Eastbourne, and F. E. Mathews, L.S.A., Doughty-street, W.C., of St. Bartholomew's Hospital; H. G. Nicholson, L.S.A., Hereford, and W. S. Thomson, George-street, W., of Middlesex Hospital; R. L. Huzzey, L.S.A., Amptill, Beds, of Charing Cross Hospital; H. J. Sequeira, L.S.A., Jewry-street, E.C., of the London Hospital; W. J. Munro, M.B. Ed., Sydney, N.S.W., of the Edinburgh School; G. H. Doudney, M.B., Durh., West Dulwich, of St. Thomas's Hospital; and S. J. Brooks, L.S.A., Tollington Park, of King's College. The following gentlemen passed on the 4th instant:—Messrs. H. F. Jackson, Ballina, and C. R. Laurie, L.S.A., Bournemouth, of St. Bartholomew's Hospital; F. A. Dixey, M.B., Oxon., Oxford, of University College; V. H. W. Wingrave, L.S.A., Guilford-street, W.C., of Middlesex Hospital; and E. Annacker, L.R.C.P.L., Manchester, of the Manchester Royal Infirmary. Of the 233 candidates examined, 42 were approved in surgery, and, when qualified in medicine and midwifery, will be admitted members of the College, and 15, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their professional studies for three months, 79 for six months, 4 for nine months, and 3 for one year, making a total of 101 rejections.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH.—*Double Qualification.*—During the January sittings of the Examiners, the following gentlemen passed their first professional examination:—J. Clarke, County Cork; W. H. Chamberlain, Leicester; G. Elliott, Donegal; A. M. Neatby, London; F. Wilson, Halifax; C. A. Wickham, County Longford; A. Allen, Congleton; G. H. Bate, Cheshire; J. S. Greer, County Down; F. W. E. Coates, Salisbury; P. J. O'Leary, Castleishon; and W. C. Graham, County Antrim. The following gentlemen passed their final examination, and were admitted L.R.C.P. Edinburgh, and L.R.C.S. Edinburgh:—A. K. J. Reed, Laghy; W. Haines, County Cork; L. J. B. P. Fernandez, India; A. F. Seelenmeyer, London; J. F. Donegan, Cork; G. L. Moore, Stoke-on-Trent; J. J. O'Brien, Clare; C. Chambres, North Wales; J. G. Uppley, South Africa; G. P. Godfrey, Mansfield, Notts; M. H. Taylor, Dublin; R. H. Cogan, County Cork; T. J. Walker, Yorkshire; G. Bower, Macclesfield; R. T. H. Bland, Plymouth; J. T. Cooke, Aden; R. T. Darwin, India; E. J. Thomas, Chester; A. Blakiston, Yorkshire; R. F. Bowers, Bengal; and W. Dowman, Cork.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The examinations for the triple qualification of these bodies were held at Edinburgh, in January, with the following results. First examination:—W. L. Byham, Ealing; J. T. Simpson, Leeds; J. G. Mackay, Inverness; S. J. W. Hayman, Cornwall; J. Donaldson, County Cork; P. J. Wilkinson, Manchester; R. W. Stones, Durham; W. H. Clements, Gosport; L. Birch, Manchester; C. Carruthers, Kirkpatrick Fleming; A. G. Ginders, Exeter; J. MacLaughlin, County Derry; J. Gilmour, County Derry; R. Markland, Wigan; A. Bradshaw, Sierra Leone; G. A. Armstrong, Ireland; J. G. Holmes, Leeds; H. E. Blackwood, Kirkintilloch; A. H. Hoffman, Ipswich; A. L. Murray, Belfast; J. S. Nicholson, Yorkshire; J. A. H. Mogg Redditch, R. T. Williams, Wales; A. A. Martin, Blairgowrie; S. J. Dunlop, County Antrim; C. B. Mather, Tonbridge; W. W. Shrubshall, Margate; W. H. Large, Nottingham; J. Dunn, Londonderry; S. Rumboll, Cam-

bridge; J. G. Mackintosh, Edinburgh; W. J. O'Donnell, Cork; C. G. C. Scudamore, Clapham; H. Grant, Edinburgh; J. Howie, Dundee; J. H. Briggs, Yorkshire; G. F. Day, Hereford; F. M. Sykes, Manchester; A. M. Stewart, Callander; H. O. Hughes, Merionethshire; J. O. Jones, Denbighshire; T. S. Davies, Monmouthshire; and A. Morley, Leeds. Second Examination:—J. Donaldson, County Cork; T. Monies, India; H. P. Shuttleworth, London; S. J. W. Hayman, Cornwall; J. Wingfield, St. Petersburg; A. Morley, Leeds; J. W. Alexander, Glasgow; L. M. Dunlop, Stroud; W. L. Byham, Ealing; and J. T. Simpson, Leeds. Third Examination, admitted L.R.C.P. Edinburgh, L.R.C.S. Edinburgh, and L.F.P. and S. Glasgow:—P. Lynch, Australia; J. T. Simpson, Leeds; J. H. D. Redding, Pontydwye; H. M. Sweetnam, County Cork; H. C. Davies, Galway; S. J. W. Hayman, Cornwall; W. Hall, Portsmouth; S. E. Falconer, Poonamalee; L. D. Brown, Henley; W. N. Robertson, Canada; T. A. Leishman, Roxburghshire; and J. C. Clark, Dundalk.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, 5th of February, 1885:—George Trew Cattell, Guy's Hospital; Samuel Constable, St. George's Hospital; Lawrence Jno. Baptist Paul Fernandez, Medical College, Calcutta; Henry Wm. Goulden, Charing Cross Hospital; Geo. Holbrey Hunter, University College; Arthur Edwin Price, Guy's Hospital.

The following gentlemen also on the same day passed their Primary Professional Examination:—Walter Loades, Middlesex Hospital; Jno. Eugene St. George Queely, Meath Hospital, Dublin; Alfred Hobart Sturdee, King's College.

VACANCIES.—General Infirmary at Gloucester, and the Gloucestershire Eye Institution—Physician. Applications by February 18th. Hospital for Consumption and Diseases of the Chest—Resident Clinical Assistant. Applications by February 14th. Manchester Royal Infirmary—Resident Medical Officer for the Fever Hospital, Monsall. Salary, £200 per annum. Applications by February 14th. Middlesex Hospital—Second Chloroformist. Applications to the Secretary-Superintendent by February 14th. National Orthopaedic Hospital, 234, Great Portland Street, Regent's Park, N.W.—Physician. Applications by February 18th. Radcliffe Infirmary, Oxford—Resident House Physician. Salary, £80 per annum. Applications by February 14th. Royal Albert Hospital, Devonport—Resident Medical Officer. Salary, £200 per annum. Stroud General Hospital, House-Surgeon. Salary, £80 per annum. Applications to John Libby, Honorary Secretary, New Mills, Stroud.

APPOINTMENTS.—J. Braxton Hicks, M.D., F.R.S., Honorary Physician to the Royal Maternity Charity. E. B. C. Walker, M.B. and M.C. Edin., late Junior Assistant Medical Officer, appointed Senior Assistant Medical Officer to the Sussex County Lunatic Asylum, Hayward's Heath.

Examination Questions.

APOTHECARIES' HALL.

The following questions were asked a successful candidate at the Final Examination on the 22nd of January, 1885.

VIVA VOCE:—

First Table.—*Pathology.*—Shewn urine, s.g. 1030—What does that most likely contain? What are the different methods of testing for sugar? Asked to do Moore's test—What is the change of colour due to? Shewn granular contracted kidney, with large number of cysts in it—How are the cysts formed in this kind of kidney? Shewn cirrhotic liver—What is the cause of this condition of the liver? What are the early symptoms of it? How does it differ from nutmeg liver? What is the cause of the pigmentation in nutmeg liver? In what condition would you expect to find the heart in a case where the liver was of a nutmeg appearance? Pathology of Leucocythemia? What structures are implicated? How does it differ from Hodgkins disease?

Second Table.—*Forensic Medicine and Toxicology.*—What are the symptoms of mushroom poisoning? Body of infant found dead, how would you proceed to examine it? What are the

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NOTES on the Physiology and Pathology of the Blood, 2s. 6d.;
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Notes by the Mag.

Put up your shutters, Dr. Pill Garlic, your services will no more be sought after by the afflicted among men. The days of salts and senna are numbered, and even the precious rhubarb which comforted the internals of the distressed, will cease to be in requisition, for have not the officers of the Salvation Army been endowed with the gift of healing by laying on of hands, and are they not curing all and sundry by the exercise of simple faith? Wonderful as it may seem, the story is well attested, and if the papers may be believed, hundreds who have been restored are ready to testify to the miraculous works which have been done in their several cases.

The premier faith-healer at the present time appears to be "Major" Pearson, whose powers, although only a novice at present, seem too truly surprising, and such are his alleged cures that people flock to his meetings by hundreds, either to be cured, or to witness the restoration to health of others. On Sunday last the "Major" preached at Hanley. Many thousands of persons attended, including over a hundred invalids of all ages, some of whom were brought to the Circus in bath-chairs, being unable to use their lower limbs. After the ordinary service, the faith-healing ceremonial commenced. The "Major" and his subalterns threw off their outer garments and descended into the arena. A lad who had been a cripple from an early age was first operated upon, and while the major vigorously rubbed the disabled limb, his followers and the congregation, at the request of the major, engaged in prayer. They prayed earnestly and long, and finally the lad was induced to rise and walk a little. The "Major," amidst the greatest excitement, proclaimed that the Almighty had answered their prayers. The scene, which lasted until midnight, was of a most exciting character. An old woman, who represented that she had been deaf for forty years, stated that she had regained her hearing, and a young woman, who went to the building stone deaf, testified to her cure. Another young woman, a confirmed invalid, who was taken to the Circus in a bath chair, was prayed for, and finally staggered to her feet and walked a yard or two, and a few moments afterwards another woman walked feebly across the building, her bath chair being hoisted over the heads of the people, the throng shouting, "The Lord be praised," and making use of ejaculations expressive of their astonishment. The newspaper reports do not say whether the hat was sent round or not, but the demonstration would be very incomplete if the witnesses of these wonders were not asked to show their faith in a practical manner.

The *Journal de Médecine de Bordeaux* is responsible for the following edifying story of domestic life. The ecclesiastics, as is well known, have fallen into the bad habit of dabbling in medicine and pharmacy, pretending to know them as well as the Gospels. An abbot named X— was lately the victim of this unfortunate propensity. One of his female parishioners,

finding herself in great suffering, consulted a physician in the neighbourhood, who regretted to find that she had a well-marked gonorrhoea, and accordingly prescribed copaiba and cubeba in liberal doses. Before taking *these poisons*, the fair one thought it prudent to ask the cure what he thought of them. The latter looked at the prescription and exclaimed, "Balsamics, those are used for the chest. Yours is weak. You can take them." And, generous to the last, he wrote these words across the prescription, "Furnish at my personal expense." The story goes on to say that an occasional sly laugh is still called up at the apothecary's by a perusal of the indorsement on the prescription.

WOMEN are coming to the front with a vengeance. What the import of it is no one can tell. My own impression is that some new development in the human species is about to take place, and that the move in advance will affect only that portion of the species now recognised as female; but whether it will be of such a radical character as to produce a change in the sexual relations of humankind is to me, as yet, a question of grave doubt. Certain it is that the "subjection of women" will not be submitted to as a necessary consequence of the operation of Nature's decrees. Mrs. Weldon in the Law Courts, and numerous lady physicians, demonstrate that women will not be kept in the back-ground. At Stratford-on-Avon and neighbourhood a female bone-setter, I am told, does a large business. A correspondent sends me the following modest advertisement, cut from a local newspaper:—"To persons requiring assistance in cases of broken bones and dislocations. Mrs. Picken, formerly Elizabeth Matthews, daughter of Mr. Joseph Matthews, of Quinton, in Gloucestershire, and sister to the late Mr. Edward Matthews, bone-setter, &c., begs to state that she still carries on the profession for which the family has been famous for so many years, and will attend patients at the 'Mulberry Tree' Inn, Bridge-street, Stratford-on-Avon, from two till five o'clock p.m., on Fridays."

In the evening, after the Hunterian Oration, the President and Committee of the Royal College of Surgeons gave the usual dinner, to which about one hundred guests were invited. This year's festival, I am told, presented a striking and unfavourable contrast with those of last and preceding years, distinguished as they have been by the presence of the distinguished representatives of the Church and State, of Art, Science, and Literature. The usual loyal and patriotic toasts were, of course, given, and the latter responded to by Dr. Crawford, of the Army Medical Department, and Admiral Mayne, C.B. "The Houses of Parliament" had no better representative to reply to it than a member of the College, Sir T. Lawrence, M.P. for Mid-Surrey, "The Bench and Bar," responded to by Mr. Buszard, Q.C., M.P. "The General Medical Council and the Medical Corporations," proposed by Mr. Cozens-Hardy, Q.C., was responded to by Sir H. H. Acland. Altogether the so-called Festival was a very tame affair, the best part being the dinner, so well served

by Messrs. Ring and Brymer. If this should reach the eye of the President I would ask him why the representatives of the medical journals are not invited on these occasions? It appears to me that the big-wigs of the profession wish to catch the ear of the general public, rather than to gain the approbation of the medical brethren.

THE *British Medical Journal* quotes from Professor Dohrn's report in the *Archiv für Gynäkologie*, vol. xxii., a remarkable case of extreme hypospadias in a male aged 31, who had been mistaken for a female at birth, christened, and brought up as a girl, and married to a man for six years. After marriage, frequent irregular hemorrhages from the genitals took place, and coitus was extremely painful, and followed by severe pain in the hypogastrium. The hermaphrodite consulted Dr. Dohrn, who found that the external labia contained a pair of bodies, each resembling a well formed testicle and epididymis, and a vas deferens could be traced to the external abdominal ring on each side. The labia minora were quite of the normal female type, but united anteriorly to form a large prepuce to an organ of the size of an infant's penis. A groove ran from the glans along the under side of this penis to the orifice of the urethra, which was very wide, having served for intromission; and vascular growths, the cause of the hemorrhage, hung from it. On the posterior border of the urethral meatus were three distinct canals; into the left and the median canals a fine bristle could be passed to the extent of half a centimetre, into the right canal it could be introduced more than double that distance. Dr. Dohrn believed that these canals were the prostatic vesicle and the ejaculatory ducts. No prostate, nor uterus, tubes, or ovaries could be detected on rectal examination. It is to be feared that such cases as these are more common than is generally supposed. Ought not the accoucheur to be allowed to terminate the existence of monsters who are discovered to be unmistakably hermaphrodite as soon after birth as possible?

PERIPATETICUS.

Original Papers.

CHEMICAL PHYSICS FOR MEDICAL EXAMINATIONS.

IN our last article we found that heat passed from hot to cold bodies—i.e., from bodies at a higher to those at a lower temperature—heat continuing to pass till the temperatures were equal; our definition stating that two bodies were at the same temperature when heat did not pass from one to the other.

Thus, we can tell which of two bodies is the hotter by observing from which heat passes.

But this is not enough for us; it is only qualitative, not quantitative. We must, for scientific purposes, be able to state how much hotter, or how much colder, one body is than another. We do this by referring them both to a third body, which possesses a standard temperature. In order to do this, we take advantage of some of the changes

manifested by a body when its temperature rises or falls—i.e., when it loses or gains heat.

We shall treat later more definitely of the effects of heat on matter. Suffice it to say, for the present, that when the temperature of a body rises, it as a rule expands—i.e., it increases in size. In the case of a solid, this increment in size takes place in all the three dimensions of space; the increase in one dimension, however, not necessarily being equal to that in the others. In the case of a fluid—i.e., a liquid or a gas, the *volume* increases. In both these cases we are assuming that the pressure is constant. This proviso, as we shall see later on, is of great importance.

From this it follows, that in changing the temperature of a body we change its size, its size, however, for any one temperature being constant. Hence, if we note the difference in size of a body at two standard temperatures, which can be readily obtained, such as melting ice, and the steam of boiling water, and divide this difference into an arbitrary number of degrees (°)—say 100. Any intermediate size can be expressed by saying that it is so many degrees—say 60—larger than the size at the lower standard temperature; and if the body in question remained of this size when in contact with another body whose temperature it is required to determine, the temperature of the two (which must be equal, as we have shown above) may be expressed by saying that it is 60° above the lower standard, as measured by the expansion of the substance of which the first body is composed.

Now, this is precisely the principle which is at work in the construction of thermometers, or instruments for measuring temperature (*θερμος*, heat, *μετροω*, I measure). The two standard temperatures required are furnished by melting ice, and by the steam coming off from pure water, boiling under the standard atmospheric pressure; the temperature of boiling water varying, as we shall see, with the pressure to which it is subjected. The substance which is usually adopted is mercury. This is chosen for many reasons. It can readily be obtained pure. It is a liquid through a large range of temperature, or, to express it more scientifically, its freezing-point is low, and its boiling-point high. Being a liquid, it must be contained in a vessel of some sort, and the form given to the vessel should be such as to exhibit the changes in volume of the mercury in a convenient and readily-measured manner. The form universally employed is that of a tube, of narrow bore, having a reservoir at one end containing mercury. The tube may be regarded simply as a gauge, by which we measure the expansion of the mercury, which, at a certain temperature, depending upon the particular construction of the instrument, just fills the reservoir. As the temperature rises, the mercury expands, entering the tube. Now, for a given increase of volume, the length of the tube filled will depend upon the bore of the tube, for the narrower this is, the greater the length of it occupied by a given quantity of mercury; and as the quantity of mercury introduced depends upon the extent of the rise of temperature, it follows that the narrower the bore, the smaller the rise of temperature that it is capable

of detecting. We can express this mathematically by saying, that the length of the tube filled by a given quantity of mercury will vary inversely as the sectional area of the bore—i.e., as the square of its diameter. Moreover, for a given increase of temperature a certain volume of mercury will expand by a certain amount, and twice that volume by twice that amount. Hence, the larger the amount of mercury we take—i.e., the larger we make our reservoir, the larger will be the amount of expansion for a given rise of temperature. Putting all the above together, we see that by increasing the size of the reservoir, and decreasing the diameter of the bore of our tube, the smaller will be the differences of temperature we shall be able to detect—i.e., the more delicate will be our thermometer.

Now, when heat enters an instrument such as we have described, not only does the mercury expand, but the vessel expands also; and, consequently, if they both expanded in the same proportion, no entry of the mercury into the tube would be noticed. But this is not the case; for, as a matter of fact, mercury expands about seven times as much as glass for any given increase of temperature; consequently, the entry of mercury into the tube is not much interfered with. If we could obtain an inexpandible vessel, and observe the expansion of mercury in it, for any given rise of temperature, this would be the real expansion of mercury. This is greater than the expansion of mercury in a glass vessel, which is called the apparent expansion of mercury in glass. From this it will be evident that the relation between the real and apparent expansion of any substance in any given vessel is as follows, taking as examples mercury and glass:—The real expansion of mercury in glass is practically equal to the apparent expansion + the expansion of the glass.

Now, as to the construction of a mercury thermometer. A tube of small and uniform bore is taken, and a bulb is blown at one end. The air in the tube is now warmed by holding the bulb over a flame for a few seconds; the contained air expands, and part leaves the tube. The open end of the tube is now plunged under mercury, which, as the air in the tube contracts on cooling, is forced up into the tube till, if enough air has escaped, some enters the bulb. This is then heated till the mercury boils, and, after a short time, the whole of the air is expelled, and the tube contains only mercury vapour. The open end is again plunged under mercury, and, on cooling, the whole of the bulb and tube is filled with mercury. The instrument is then heated to a little above the highest temperature it will be required to register, and the open end is then sealed. It is evident that, under these circumstances, just so much mercury will be left in the instrument as will just suffice for the registering of the highest temperature required.

The next thing to be done is to mark on the tube the positions occupied by the mercury at the two standard temperatures. In order to do this, the instrument is first plunged into a mixture of pounded ice, or snow, and water. As will be seen hereafter, this mixture must be at the freezing point—since, if

the temperature of the atmosphere, when the determination is made, is above the freezing point, the temperature of the mixture cannot rise till all the ice or snow is melted. If the temperature of the atmosphere is below the freezing point, the temperature of the mixture cannot fall till all the water is frozen. The instrument, completely immersed, is allowed to remain in the mixture for a sufficient time—about a quarter of an hour; after which the position of the mercury is marked by a scratch on the tube. We must next determine the boiling-point. For this purpose the instrument is placed in a tall vessel containing pure water, which is made to boil briskly. The thermometer does not dip into the water, but is entirely surrounded by the steam issuing from it, for it is found that the temperature of boiling water varies slightly in vessels of different materials, and also that the lower strata of water are at a slightly higher temperature than the upper; but the temperature of the steam coming off is invariable, *the atmospheric pressure being constant*. The thermometer must be wholly immersed in the steam, and after a sufficient time it is drawn up through a hole in the lid of the containing vessel, until the surface of the mercury appears; a scratch is then made opposite the end of the column.

Thus, we have obtained our two standard temperatures, and all that there remains for us to do is to divide the interval between them into a convenient number of degrees, in terms of which intermediate temperatures may be expressed. Now, unfortunately, there exist three scales, according to which the difference between the freezing and boiling points is divided into different numbers of degrees. The scale in general scientific use, and unquestionably the best, is due to Celsius, who divided the interval into a hundred degrees, and hence his scale is called the centigrade scale. According to this the freezing point is expressed as 0° , and the boiling point as 100° C.

We shall proceed to speak of the remaining two scales in our next.

(To be continued.)

THE ESSENTIALS OF TOXICOLOGY.

By ARMAND SEMPLE, B.A., M.B. Cantab, M.R.C.P.
London, Physician North Eastern Hospital for
Children; Author of "Aids to Chemistry," &c.

(Continued from page 48.)

METALLIC POISONS.

ARSENIC, As.

THE most important preparations of arsenic, from a medico-legal aspect, are the following, viz.:—The white oxide or arsenious anhydride; orpiment, the yellow sulphide; Scheele's green, the green arsenite of copper; Fowler's solution, containing arsenite of potash; by far the most important being arsenious anhydride.

Symptoms.—These are usually gradual in their development. They may be delayed for half an hour or an hour, or even longer, but cases are on record in which they have set in immediately.

Arsenic acts as an intense irritant. The countenance is expressive of great suffering. There is usually intense depression, followed by pain of at first a burning character in the pit of the stomach, and intensified upon the slightest pressure; diarrhoea with straining, burning pains at the anus, and painful cramps in the legs; violent vomiting is invariable, and it is aggravated by the reception of the least substance. The vomited matter consists of white gum-like substance, or of brown fluid mixed with bile and sometimes with blood. There are constriction and heat in the throat. The urine passed is generally diminished in quantity. Thirst is intense, the skin hot and dry, headache is acute, the pulse rapid and small, the breathing catching, the tongue furred and dry, the eyes smarting and suffused, the conjunctivæ red; great photophobia (dread of light) is present, with extreme restlessness, and nervous twitchings in the extremities, these being usually intense and long continued, but the mind is, as a rule, quite clear. The symptoms may terminate in convulsions of an epileptiform character, or the case may simulate English cholera; collapse may occur with intense coma, or a fatal result may take place almost immediately, as if by shock.

The symptoms of poisoning by arsenic are frequently very perplexing. There are at times an eruption of the skin (arsenical eczema) and local paralysis; salivation and even mania have been recorded.

In any form whatever arsenic acts as a poison, whether gaseous, solid, or liquid; and in whatever way applied, either as a wash, an ointment, or a plaster.

Chronic Poisoning.—It is ascertained that arsenic has a specific action upon the digestive canal, and that this action is irrespective of the method of its administration; that the post-mortem changes in the chronic form are more noticeable at the pyloric extremity of the stomach, in the acute form at the cardiac end. The more gradual the poisoning, the more evident the action on the intestines, and the less evident in the stomach.

The beneficial effects of arsenic as a drug are attributable to its peculiar action on the blood, thus diminishing tissue-change. The injurious effects appear to be due to destruction of the power of the blood to become oxidised, and this fluid being consequently unfitted for purposes of nutrition.

Treatment.—Should the case be seen very early or immediately after the poison has been taken, the stomach pump may be employed, but never afterwards. Hot milk and water may be administered, and emetics of mustard or sulphate of zinc, simultaneously tickling the throat with a feather. Antimony should never be given. If copious vomiting has been induced, eggs and milk should be given; magnesia with sugar in milk is much to be recommended, since then an insoluble compound is formed with arsenious anhydride. The symptoms must be combated as they arise. Stimulants may be given for collapse, anodynes for the nervous indications, etc.

The reputed antidotes are the hydrated peroxides of magnesia and iron. The first is prepared by precipitating a strong solution of sulphate of magnesia with solution of potash. The second by precipitating the tincture of the perchloride of iron with excess of ammonia, collecting the precipitate on a filter paper, and well washing with water; but each must be obtained fresh, and exhibited when moist; nitrate of potash should be given in repeated doses, in order to act upon the kidneys, by which organs the poison is chiefly excreted.

Post-Mortem Appearances.—In some cases no special appearances have been observed, but the usual indications are those of an irritant poison, the result depending upon the quantity taken and the length of time elapsing after the reception of the poison. The stomach is intensely inflamed, either in patches or throughout its whole extent. The organ is generally studded with petechiæ, and particles of the poison may be found embedded in the rugæ if arsenic has been taken in a solid form. The coats of the stomach are usually thickened and corrugated; perforation and gangrene are rare. The inflammation may extend through the entire length of the intestines, but it is usually limited to the duodenum. The rectum is invariably inflamed. Although the kidneys, liver, and spleen are the great recipients of the poison, these organs generally present no special appearances. Arsenic possesses great preservative power upon the tissues; a body has been found well preserved 17 months after poisoning by arsenic, and even longer periods have elapsed.

Quantity required to destroy Life.—It has been stated that the whole amount absorbed in fatal cases never exceeds two grains, no matter how much has been taken. Two grains have proved fatal, but recoveries have taken place after very large doses. The poisonous effects are said to be greatly increased when antimony has been given.

Period at which Death takes place.—(Variable). It has proved fatal in twenty minutes, or death has been delayed for 10 or 16 days, or even longer.

Mode of Extraction from the Stomach and Viscera.—(1.) Solid white particles should be looked for with a magnifying glass, and if found these should be tested. Soot or indigo must also be looked for, since arsenic may have been mixed with these substances. The liver, spleen, and urine should be examined, for in these the largest quantity may be discovered, and even when no trace of the poison can be found elsewhere. (2.) The tissues should be cut up very fine, then diluted with the stomach-contents, and distilled water in sufficient quantity added to render filtration easy; hydrochloric acid should now be added; then the mixture must be filtered, and the filtrate divided into two parts, A and B.

Through A pass sulphuretted hydrogen and test the precipitate. B should be examined by Reinsch's process.

The contents of the stomach may be examined both by Marsh's and Reinsch's tests.

(To be continued.)

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

Dr. Milner Fothergill's fourth paper on the Pulse will appear in our next issue.

The Hospital Gazette.

SATURDAY, FEBRUARY 21, 1885.

EDITORIAL AND PERSONAL.

THE Press Association understand that the Local Government Board have selected the requisite number of temporary medical inspectors in connexion with the general sanitary survey and the precautionary measures against the introduction and spread of cholera, and that most, if not all, have entered on their duties. The majority of the appointments have been made from the ranks of those who have on former occasions rendered similar service to the Government, either at home or abroad. Dr. Royle, C.B., who it will be recollected, was in attendance on the Duke of Albany when he died, has been offered and has accepted one of the temporary inspectorships. In addition to the above, Major-General C. P. Carey, R.E., and Major-General A. de Courcy Scott, R.E., have been temporarily appointed engineering inspectors for a limited period.

ON Saturday last, Professor John Marshall, F.R.S., delivered the Hunterian Oration for 1885, at the Royal College of Surgeons of England, before a large and appreciative audience; and the nature of the address was such as to remove it by a long way from the ordinary run of such flights of oratory in the past. A practical element was infused into his utterances by Prof. Marshall, who has thereby given to the latest Hunterian Oration a value above and beyond a merely commemorative disquisition. During the delivery of the oration, Professor Marshall was frequently applauded.

At the Leicester Borough Police-court, yesterday week, the first batch of the 5,000 defaulters who are to be prosecuted by direction of the Local Government Board for non-compliance with the Compulsory Vaccination Acts were brought before the magistrates. The defendants, ten in number, were summoned to show cause why an order should not be made to have their children vaccinated. The defendants declared their willingness to pay any fine which the magistrates might inflict, and they would prefer to pay the full penalty there and then rather than go through the form of being summoned for neglecting the order to vaccinate after it had been

made. All expressed a strong determination not to have the operation performed. The magistrates informed the defendants that they had no alternative but make an order for the children to be vaccinated within a month, the defendants to pay 4s. costs. If the order were not obeyed the defendants would be summoned and fined for disobedience to the order. The defendants again pressed the magistrate to fine them at once, as the operation would never be carried out, but the magistrates said that they could not fine them at present, as it would be illegal.

A most praiseworthy and unselfish act was performed on Saturday last at Messrs. Mathieson's Chemical Works, Widnes, when Mr. J. Mathieson, son of the proprietor of the works, risked his own life in attempting to save that of a labourer, who had accidentally fallen into a cistern wherein a large quantity of hydrochloric acid was acting on waste material. The heroism of the deed will be readily understood when it is remembered how speedily fatal may be the effects produced by inspiration of large volumes of chlorine, such as must have been evolved under the circumstances mentioned; and it is not surprising to learn that Mr. Mathieson is in a critical condition, while the man he attempted to rescue succumbed a few hours after the accident. Fortunately, occurrences of this kind are not common; but in the districts where chemical works are situated they naturally occur somewhat frequently.

THE Chairman of Convocation of the University of London has convened a meeting on the 24th inst., to be held in the University Buildings, to receive and consider the report of the special Committee appointed to consider the proposals by the Association for promoting the establishment of a Teaching University for London. In connection also with the same subject, a meeting of the Metropolitan Counties Branch of the British Medical Association will be held on March 6th, at the Royal School of Mines, when a plan of action best calculated to secure the ends in view will be determined on; and with the result of the meeting of Convocation to assist these deliberations, it ought not to be difficult to settle on some definite scheme. The principal conclusion formulated in the report referred to affirms the necessity of offering to metropolitan students of medicine facilities for obtaining the M.D. degree at least equal to those enjoyed by provincial students at the different University centres; and it will have to be decided whether what is called the University of London shall be privileged to reform itself in this direction, by becoming in reality what it now makes an irregular pretence of being—that is, a University, or whether a real London University shall be created to perform the duties of education and graduation. The results of the meetings will be eagerly awaited.

WE have received information to the effect that it is the intention of the Government to introduce the Medical Acts Amendment Bill again this session, and this time with a self-determination to pass it into law. Further, it is asserted, that, practically, no opposition will be given to the measure, which will be modelled

on the old Bill, but from which all objectionable clauses will be omitted, while valuable amendments suggested last year will be incorporated. When we can study the draft scheme, we shall be able to say whether or not it is a Bill which students will be able to accept.

We understand that the National Society for Aid to the Sick and Wounded in War, presided over by Colonel Sir Robert Loyd Lindsay, V.C., have decided to establish dépôts on the Suakim-Berber route, and that detachments of medical officers, under the general supervision of Mr. Barrington Kennett, who is already known in connection with operations of the Society, will proceed at once to Suakim.

THE Committee of the Volunteer Medical Association have placed a Bearer Company of the Volunteer Medical Staff Corps at the disposal of the Director-General of the Army Medical Department. The Company consists mostly of medical students—sixty men—systematically trained in bearer and field hospital work.

We regret to state that Dr. Morrison Watson, Professor of Anatomy at Owen's College, who was suddenly taken ill whilst lecturing some twelve days ago, is in a very precarious condition. So serious is his state, that the physicians in attendance upon him have been unable to advise his removal from the College. Dr. Watson, who was only recently appointed Dean of the Medical School, is one of the most popular Professors in the school.

THE Manchester Board of Guardians have appointed Mr. John Henry Brown, from the General Infirmary, Dewsbury, and Mr. Gilbert L. Barrett, of Manchester, Assistant Medical Officers at the Crumpsall Workhouse.

THE first annual meeting of the Governors and friends of the Victoria Dental Hospital of Manchester was held at the Town Hall, on Monday last, Lord Egerton of Tatton, presiding. The report was a most gratifying one, showing, as it did, the growth and success of the institution, but the committee appealed for further subscriptions, in order that the work might be carried on satisfactorily.

UNDER the title, *Annals of Surgery*, a new periodical publication has just been issued by Messrs. Baillière, Tindall, and Cox, of London, and judging from the appearance presented by the first monthly part of the serial, it promises to be a welcome addition to the literature of surgery. The work is to be published simultaneously in this country and America, and its English editor is Mr. C. B. Keetley, F.R.C.S., whose "Index of Surgery" is a manual well known among students. Mr. Keetley contributes an important paper to the current issue of the *Annals*, on the treatment of osteomyelitis by scraping out the marrow of long bones, and several other essays of great interest appear in the same number. A special feature of the work is a comprehensive view of progress in surgery at home and abroad, under the

heading, "Index of Surgical Progress," the value of which to practitioners will be inestimable. The *Annals* should be heartily welcomed by everyone interested in surgery.

DUBLIN HOSPITAL AMALGAMATION SCHEME.

ON Tuesday, the 10th inst., a conference took place between the Lord Lieutenant for Ireland and a number of gentlemen representing the boards of management of the various hospitals in Dublin, which are at present, in receipt of Government grants, to take into consideration a scheme proposed by the Government for the amalgamation of these hospitals.

Lord Spencer has, on many occasions, manifested his desire to improve these institutions, and it was at his instance that this meeting came about. No better means could be found for bringing the subject into full and open discussion amongst those who form the governing bodies of the hospitals, and the public at large, whose interest in the question is daily increasing.

The Lord Lieutenant very clearly set forth his opinion, which, he states, he came to after carefully weighing both sides of the question. In the course of his Excellency's remarks, he said that he had consulted some eminent gentlemen in Dublin, and there seemed to be but one idea—that if they could capitalize the principal sums now given by Parliament, they would induce some of those important hospitals to consolidate their management; by which means they could not only get rid of a difficulty which now existed with reference to House of Industry Hospitals, where they now found inadequate provision for the patients, but should do a great deal more to give that medical instruction which was considered so important when the grant was first made.

Lord Meath endorsed his Excellency's remarks in their general drift, and put forward the important consideration that, if the annual vote were capitalized, they should not have the uncertainty which now each year prevailed as to whether they would be able to carry on their various hospitals or not.

As would be expected, a considerable difference of opinion existed, but it is earnestly to be desired that the whole question will now be debated with the fixed purpose of coming to a determinate conclusion. From such a discussion, if it is to be beneficial and practical, the spirit of sectarian bitterness must be rigidly excluded. If a fair and economical arrangement, such as will secure the rights and privileges of all parties alike, is devised, the public can have no difficulty in expressing their approval; but, obviously, the sooner the decision is arrived at the better for all.

It is to be regretted that so few medical men formed part of the deputation, as they are the most competent to give advice; but we suppose it was out of deference to laymen that they absented themselves. We should have liked to have heard more from them, and express our opinion that they should now speak out on this all-important subject.

THE HUNTERIAN ORATION.

THE Hunterian oration was delivered in the theatre of the Royal College of Surgeons on Saturday last, which was the anniversary of the birth of John Hunter, by Professor John Marshall, F.R.S., late President of the College, before a large audience. After an eloquent tribute to the memory of those disciples of Hunter who had died since the delivery of the last oration, Professor Marshall gave an interesting survey of the life and discoveries of Hunter, stating that the physical and mental qualities which enabled Hunter to accomplish more than any member of the profession had done before or since were not attributes or possessions peculiar to him alone, but his success was achieved by the mode in which he used them. Some men take opportunities, and others make them; it might be said of Hunter that he did both. Not only as a physiologist, but as a pathologist, Hunter was a great vivisector, and would rank himself with those who now claim the right of man for beneficial purposes, or even in the pursuit of knowledge, to attempt to discover the processes of animal life by tests and trials on living animals. Hunter's own numerous experiments certainly threw light on many of these processes, particularly among others on artificial respiration with the view of recovering drowned persons. "I think," writes Hunter, "we may set it down as an axiom that experiments should not be often repeated which tend merely to establish a principle already known and admitted, but that the next step should be the application of that principle to useful purposes." It deserves to be recorded that Hunter did not spare his own body, but subjected himself to an inoculation experiment of a very grave character in order to test opinions on a pathological question, and to put to proof the efficacy of certain variations in treatment. Regarded as a morphologist, Hunter very early in his career repudiated the idea of confining himself to the description of a single animal, and as he accumulated his great wealth of facts, he handled them from a morphological point of view with the boldness and ease characteristic of a master. He spoke freely of the "hearts" of insects, the "lungs" of the snails, and of the "brains" of both; and he traced the digestive apparatus from its most complex stomach downwards in the animal kingdom to a simple sac. In speaking of the specific fevers due to miasms, Hunter uttered this reflection: "It may perhaps in time happen that the human race shall be exterminated by poisons alone; but it is more probable that many poisons are extirpated, and that new ones may arise in their stead every day." How this sentence chimed in with modern questionings as to the recent origin of scarlet fever and typhoid, cholera and diphtheria. How it suggested the sight of Hunter endeavouring to grasp the possibilities of the issues involved in it, gradually gathering up the now well-ascertained facts concerning the organisms which are associated with anthrax and cattle plague, with tubercle and cholera, listening to the suggestions as to the possibly modifiable or self-adaptive nature of these organisms, hoping for the means by which they might be checked, or as he said, "extirpated," and in short gazing into that vista of conceivable triumphs over "living contagia," which seemed to promise such grand prospects for the future of medicine and surgery. We believe in observation and experiment. Hunter devoted his whole active life to both; he waited for long years to complete his labours and to mature his reasonings; and though unfortunately interrupted by his sudden death, the main results of his labour were secured. He followed Nature, and endeavoured to detect her ways for the benefit of his fellow men.

University, College, and Hospital Intelligence.

VICTORIA UNIVERSITY, MANCHESTER.

THE following gentlemen have been recently appointed external examiners of the University, in succession to those whose office has expired:—Bayley Balfour, M.A., D.Sc., C.M., M.D., F.R.S., Professor of Botany in the Universities of Glasgow and Oxford, Examiner in Botany; Edward Bellamy, F.R.C.S., Lecturer in Surgery in Charing Cross Hospital Medical School, Examiner in Surgery; A. G. Bourne, B.Sc., Assistant Pro-

fessor in University College, London, Examiner in Zoology; John Carnow, M.D., Professor of Anatomy in King's College, London, Examiner in Anatomy; Sheridan Lea, M.A., University Lecturer on Physiology, Cambridge, Examiner in Physiology; J. F. Payne, M.D., F.R.C.P., Lecturer in Pathological Anatomy, St. Thomas's Hospital, Examiner in Pathology; T. E. Thorpe, Ph.D., F.R.S., Professor of Chemistry in the Yorkshire College, Leeds, Examiner in Chemistry. The following are the other external medical examiners:—T. Lauder Brunton, M.D., D.Sc., F.R.C.P., F.R.S., Examiner in Materia Medica; W. T. Gairdner, M.D., LL.D., F.R.C.P., Professor of Practice of Physic in Glasgow University, Examiner in Medicine; W. O. Priestley, M.D., F.R.C.P., Examiner in Obstetrics.

GLASGOW.

PROPOSED UNIVERSITY UNION.—A general meeting of students and graduates was held in the Bate Hall, on Saturday, with a view to the formation of a University Union. Mr. Gavin Lambie presided. Dr. Bruce Young moved, "That it is desirable to form a University (Glasgow) Union for the purpose of promoting social intercourse among students, past and present, of this University; and especially for making adequate provision for the accommodation of the College Societies." Mr. C. P. Blair, M.A., seconded. Mr. R. M. Wenby, M.A., moved—"That a committee consisting of 20 students and ten ex-students, be appointed to take the necessary steps for the furtherance of this object." Mr. Jno. M'Phail seconded. Although there were 20 present students elected on the committee, there were none of them from amongst the first years' medical students, or from those in their second year. Of course there is no doubt but that they ought to be well represented, as most likely they, of all the students, have the longest time to attend the College.

THE UNIVERSITY MEDICAL BALL.—The annual medical ball was held on the 11th inst., in the Queen's Rooms. There was a very large attendance, about 300 ladies and gentlemen being present, amongst whom were—Drs. Macleod and Buchanan; Professors Cleland, Simpson, Young and Ferguson, besides others connected with the University. The music was supplied by Mr. Adamson's band, which played to perfection. Great praise is due to Mr. Nelson, the secretary, and the committee, but for whom it could not have been the success it was.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, the 12th of February, 1885:—Niall Mac Gillycuddy, University College; Arthur Maude, St. Bartholomew's Hospital.

VACANCIES.—Atoham Union—Medical Officer and Public Vaccinator. Salary, £50 per annum. Applications to J. Everest, St. John's Hill, Shrewsbury. Belmullet Union—Medical Officer, Knockmalower Dispensary. Salary, £110 per annum and fees. Applications to D. O'Connell, Honorary Secretary, Kilcommon Lodge, Belmullet, up to February 23rd. Female Lock Hospital, Westbourne Green—House-Surgeon. Salary, £100 per annum. Applications by February 21st. General Hospital, Birmingham—Assistant Physician. Applications by February 28th. Royal Albert Hospital, Devonport—Resident Medical Officer. Salary, £200 per annum. Stroud General Hospital—House-Surgeon. Salary, £80 per annum. Applications to John Libby, Honorary Secretary, New Mills, Stroud. Western General Dispensary, Marylebone Road—Junior House-Surgeon. Salary, £63 per annum. Applications by February 28th. York County Hospital—Honorary Physician. Applications by March 7th.

APPOINTMENTS.—John Richard Baumgartner, M.R.C.S., L.S.A., A.K.C., appointed Police-Surgeon to the City and County of Newcastle-upon-Tyne. W. Percy Blumer, F.R.C.S.E., appointed Honorary Surgeon to the Sunderland and North Durham Eye Infirmary. R. E. Carrington, M.D., appointed Demonstrator of Morbid Anatomy at Guy's Hospital. Henry W. Phillips, M.B., C.M. Edin., M.R.C.S. Eng., appointed Senior House-Surgeon to the Bolton Infirmary.

Robert Saundby, M.D., appointed Honorary Physician to the General Hospital Birmingham. Albert Venn, M.B., C.M., M.R.C.P.Lond., appointed Physician for Diseases of Women to the West London Hospital.

Examination Questions.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

MONTHLY EXAMINATION, FEBRUARY, 1885.—LICENSE TO PRACTICE MEDICINE.

Practice of Medicine and Therapeutics.—(Dr. Duffey, the Vice-President).—1. Give a clinical description of a typical case of diphtheria, and indicate the chief complications and sequels to be feared. How would you treat it, and what measures would you take to prevent the spread of the disease? 2. State the average periods of incubation of each of the exanthemata, and of the continued eruptive fevers. 3. What are the causes of splenic infarction? Point out its pathological effects, symptoms, diagnosis, and treatment. 4. Enumerate some of the chief causes of the symptom giddiness. 5. What is the exact nature of acne? Give its varieties; and describe a particular case of the affection, with the treatment you would adopt for it. 6. Give the indications for and against the administration of alcohol in typhus fever. N.B.—All prescriptions given in answer to any of the questions in this paper are to be written in full, and to include suitable directions.

Medicine and Pathology.—(Dr. Purser).—1. Describe the morbid state known as pernicious anemia, and contrast it with that form of anemia known as chlorosis. 2. Give as fully as you can the symptoms and physical signs of permanent patency of the aortic valves. 3. Give the signs of diabetes mellitus, and describe the different ways in which this disease terminates. 4. Describe the condition known as interstitial pneumonia, and give its prominent symptoms and physical signs. 5. Describe the appearance of the kidneys when affected by chronic interstitial nephritis. 6. In what organs of the body other than the kidneys are alterations found in cases of chronic Bright's disease?

Medical Jurisprudence.—(Dr. Quinlan).—1. Describe the rules which, in the United Kingdom, regulate what is and what is not 'legal evidence.' Are there any exceptions in the case of scientific experts? 2. Explain the law of legitimacy of children in England and Ireland; also in Scotland. 3. Describe the post mortem appearances of a case of poisoning by hydrocyanic acid.

Hygiene.—(Dr. Quinlan).—1. What are the comparative merits of open fireplaces and of stoves in the warming of apartments? What is the drawback of the latter (especially if of metal); and how can it be remedied? 2. Contrast the hygienic advantages of woollen, of calico, and of linen under-clothing.

Midwifery and Diseases of Women.—(Dr. Kirkpatrick).—1. Enumerate the causes of obstructed labour—(a) those depending upon a faulty condition of the soft parts of the mother; (b) those depending upon some unusual condition of the child. 2. Describe the operation of bi-polar version, as recommended by Dr. Braxton Hicks. 3. What treatment would you adopt for a woman in labour, if you were aware that at her former confinements she had severe post-partum hemorrhage? 4. Describe the mechanism of labour (face presentation). 5. What are the inducing causes of, the symptoms, and treatment of that condition of the uterus called sub-involution?

An hour and a half allowed for each paper.

Football.

LEEDS MEDICALS v. YORKSHIRE COLLEGE.—A match was played between the Yorkshire College and the Medical Department of the same College. The game resulted in a win for the Yorkshire College by two goals to the Medicals' four minor points. The Medicals scored a try, but it was disputed. Rhodes, Spink, and Stainsby played well for the Medicals. And Booth and Jessop for the Yorkshire College. In the return match the Medicals intend to turn out a good team, and hope to turn the tables on the Collegians.

THE HOSPITALS' ASSOCIATION CHALLENGE CUP.—The first match in the second round of this competition was played yesterday week, at Upton between the St. George's and Guy's Elevens. The turf was in excellent condition. Gibson set the ball rolling for Guy's at 2.45. During the first twenty minutes of the game the play was principally in the St. George's territory, and the invaders made repeated attempts to score. Owing mainly to the form shown by Beach-Hicks at back, and Johnson in goal, St. George's frustrated their opponents' efforts for a considerable time. Two goals were obtained by Guy's within a few minutes of each other, Gibson and Holman kicking them. The latter player again sent the ball between the posts. The remaining portion of the first half of the game was more evenly contested, and no alteration had been made in the score when the referee, Mr. F. Barnett, announced half-time. Positions were then reversed. Guy's made several incursions into their antagonists' ground, and at length from a good centre by Sharman, Gibson scored for Guy's. The latter team continued to have the better of the game, and Gibson and Sharman placed two more goals to their credit. Just before the call of time St. George's had a corner kick, from which, however, nothing resulted, and consequently Guy's were pronounced the winners by six goals to none.

THE HOSPITALS' RUGBY UNION CHALLENGE CUP.—The competitions among the hospitals for this cup are fast drawing to a close. On Monday, in the Old Deer-park, Richmond, the first of the semi-final ties was played between London, last year's winners, and St. George's. Play began at 3 o'clock, when Mackay set the ball rolling from the Kew-road end. It was smartly followed up, and a series of well fought scrummages took place in the London territory. Despite frequent attempts by Beach-Hicks and Mackay to get away with the ball, these were frustrated by the excellent tackling of the opposing half-backs, and St. George's were steadily forced into the centre of the ground. Debenham then had an opportunity of getting hold of the ball, and passed it well to Fagan, who was not tackled until he had reached the verge of the St. George's goal line. Here Hodges, after a little open forward play, got in possession, and threw the ball to Kempthorne, who obtained a try. The place kick, which was extremely difficult, failed. Quickly after this Williams passed the ball to Fagan. The latter dribbled it over the line, and touched it down. An easy kick at goal was made by Corner, who sent the ball over the cross bar. St. George's having touched down in self-defence, some spirited play in the centre of the ground was witnessed. At last the ball was driven into the St. George's touch-in-goal, and immediately before the call of half-time the same hospital touched down. The teams having crossed over, St. George's acted in the aggressive, and forced the game into the London ground. Here, however, the ball did not long remain; and after having gained two minor points London had a try secured for them by Fagan, from which Corner kicked a second goal. A little before the close of the match St. George's again touched down, and at the call "No side" London were declared the victors by two goals, a try, and six minor items (66 points) to nothing.

NOTICES TO CORRESPONDENTS.

MR. MARKLAND.—The questions cannot be procured, except as they appear in the pages of the GAZETTE. We publish them in most cases, but being dependent on the courtesy of candidates for them, we cannot always be sure of receiving them.

MR. LEDLIE.—Many thanks for enclosures. The report is, of course, far too lengthy for publication in our columns.

MR. KENNETH MACKENZIE.—We have very much pleasure in accepting your kind offer; and beg to thank you for the report in hand. We shall be only too pleased to receive others as often as you may be able to supply them.

MR. D. P. KENNA.—Many thanks for the questions, a sight of which will, as you suggest, be acceptable to very many of our readers.

MR. A. T. BLAIR.—No examiner would be justified in putting such a question; but if it were asked, the candidate should reply that it was a disputed question, and then indicate the views held in respect to it. We cannot, however, imagine the question being asked at any but an examination for honours in physiology. The explanation given by Krause

is the one most generally accepted, at any rate in this country. We are glad you approve the papers on physics. COMMUNICATIONS, LETTERS, &c., RECEIVED.—Mr. F. Anwyl-Butter, Blackpool; Mr. T. Ledlie, Newry; Mr. J. C. Byrne, Queen's College, Cork; Mr. R. Markland, Manchester; Mr. Kenneth C. Mackenzie, Glasgow; Mr. D. P. Kenna, Dublin; Mr. Andrew James Blair, Ballymore; Dr. Arman Sample, London; Dr. H. Aubrey Husband, Edinburgh; Mr. Dartnell, Liverpool.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

West's Guide to the Examination of the Chest, 3s., post free.
Muter's Pharmaceutical Chemistry, 4s., post free. A20
Foster's Clinical Medicine, 3s. 6d., published at 10s. 6d. A24
Bile, JAUNDICE, and Liver Diseases, by Dr. Wickham Legg, 5s. 6d. A26
West and Duncan's Diseases of Women, 6s. 6d. B57
NOTES on the Physiology and Pathology of the Blood, 2s. 6d.; Henry Smith's Surgery of the Rectum, Fifth Edition, 2s. 6d. B59
Bumstead and Taylor's Venereal Diseases, 4s. 6d. B59
BROTHURST on Curvature and Disease of the Spine, Third Edition; Heather Biggs' Manual of Orthopraxy, and Warrington Howard's Treatise on Orthopaedic Surgery; all good as new; the lot, 5s. B60
HARCOCK's Anatomy and Surgery of the Human Foot, 3s.; Duncan's Diseases of Women, 4s. 6d. B61
WANTED, Ringer's Therapeutics, last edition. State lowest price possible, post free. B62
FOR SALE, Microscope by Hartnack, with high and low powers magnifying to 550-90 times respectively, live box, and microscope lamp by Bocket, the lot for six guineas. C99
I HAVE for disposal a skeleton and a quantity of loose bones, also some anatomy and physiology books. C101
WANTED, Ophthalmoscope, Parent's or Lang's; also Pepper's Pathology and Keetley's Index of Surgery.—Tabor, Middlesex Hospital, W.
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CHARLES WEBB ILIFFE,
M.R.C.S., L.R.C.P.



Notes by the Way.

THE establishment of a Teaching University for London may now be regarded as a *fait accompli*. A meeting of Convocation of the London University was held on Tuesday last, when the following resolution was carried by a large majority:—"That, in the opinion of Convocation, the objects of the Association for promoting a Teaching University for London would, if carried into effect by this University, add to its usefulness and importance." It is intended that all institutions now existing in London "of University rank, are to be taken as the basis of component parts of the University, and either partially or completely incorporated with the minimum of internal change." Also that an alliance be established between the University and the larger legal and medical corporations, including the Royal Colleges of Physicians and of Surgeons of London.

THIS is a practical, common sense proposition, and the question which forces itself upon one's attention is: How is it that the antiquated fossils who regulate matters medical in the metropolis of the world, did not make some arrangement of this kind about a hundred or hundred and fifty years ago? It might have been done then just as readily as it will be done now, had the ancient patriarchs scratched their heads sufficiently ferociously to set the molecules of their benighted brains in motion.

For some twelve long, weary, and laborious years have the Editor of the HOSPITAL GAZETTE, and his devoted slave and Peripatetic Correspondent, urged those far-seeing and perspicuous-minded individuals who preside over the destinies of the Royal College of Surgeons and Physicians, and other medical institutions of London, to set to work to get powers to grant degrees, instead of mere licenses to practice, but all to no purpose. And no action would have been taken in this direction now, had they not suddenly awoke to the fact that the young gentlemen yclept medical students, were taking the "pieces" to Edinburgh, Aberdeen, Glasgow, and other centres of medical education, where they can get value for money, instead of a dirty old rag of a diploma, in a jappanned tinned case, which entitled its proud possessor to call himself "Mr. Scalpel, Surgeon and Apothecary." There is nothing like loss of custom to set shopkeepers thinking how to keep pace with the times, and it is this which has brought about the teaching University scheme. The recent serious decrease of medical students in London, whilst the numbers studying in the North were advancing by leaps and bounds, has alarmed our wardens and beadles, deans and secretaries, who are not yet ready to put up the shutters.

WHAT teaching institutions now existing in London may be deemed of "University rank" remains to be settled. University and King's

College will, of course, claim to be so recognised, and no doubt St. Bartholomew's and Guy's will insist on being put on the same level. But what about the medical schools of St. Thomas's, the London and St. George's Hospitals, and the smaller medical schools? Will they be able to make good their claim to "University rank?" If they are left out in the cold, or if any disposition is shown to ignore their claims, there will be a row in the house, take my word for it. I shall watch the development of the scheme with interest, and keep my readers informed as to the march of events.

A CAPITAL story, which went the round of our Hospitals and Medical Schools some months ago, but, to our knowledge, did not appear in print, has at length found its way, in a sadly mutilated form, into a Canadian medical paper. The mutilated version—which, however, is not quite devoid of humour—reads as follows:—"A man went to Bristol to stay for a few days with some people, and especially to visit a lunatic asylum in the neighbourhood, where a large concert for the benefit of the inmates was given. The visitor found the audience, with very few exceptions, intelligent, appreciative, and, to all outward appearance, perfectly sane. The person who sat next to him conversed so delightfully that he felt compelled to remark: 'I beg your pardon, but you are surely not a—a—resident here?' To which the stranger replied meekly, 'Yes, I am.' 'But,' insisted the visitor, 'you are not—you cannot be—the least mentally afflicted?' And the other replied, 'Well, I have an inconceivable predilection. In fact, you see this piece of chalk. Wherever I go, I can't resist the temptation to write bad language on the walls. My keeper has nothing to do but walk behind me with a wet sponge and rub it out; but he has a hard time, for I write very rapidly. I was three damns ahead up to 7.30, and I have just written "hell" five times on your back!'" The correct story is so well known among students that it is quite unnecessary to point out the inaccuracies of the above version.

THE curious case of hermaphroditism, which I referred to last week, is about equalled by the following case reported by Dr. W. P. McGuire, in an American medical paper:—"A. B., 35 years of age, and in good circumstances in life, consulted me in order to have the sex to which she belonged determined. She was, to all outside appearance, a fairly-formed woman, about 5 feet 4 inches in height, with long hair curling down her back. Her voice and features were effeminate, and her demeanour was modest. From birth her dress had been that of a woman. All of her associations had been with women, and her business in life that usually followed by that sex. There was no hair upon her face. He found upon examination that the formation of her thorax was similar to that of a woman, and that her breasts were developed similarly to those of a young girl. The nipple was erectile. Her arms, hands, and lower limbs were like those of a man. There was a

small penis in the natural position, about three-quarters of an inch in length, with a well-formed glans and prepuce. It was capable of erection, but had in the glans no aperture. Following from the base of the penis backwards was a sulcus about half-an-inch in depth, and $2\frac{1}{4}$ inches in length. Lying upon each side of this sulcus, and each enclosed in separate scrotums, were two well-formed and developed testicles, each attached to a moderate-sized spermatic cord, the whole conformation resembling the vulva of the female. There was no opening in this sulcus, but just at its posterior termination was an opening one quarter-of-an-inch in diameter, which was the external opening of the urethra, extending backwards and upwards into the bladder. No prostate gland was found. She stated that all her proclivities and desires had been masculine, and admitted that occasionally in her sleep she has pleasurable sensations, followed by ejaculations of a white fluid from the opening of the urethra—which was, of course, an ejaculation of semen. There was no trouble in determining her sex. She was advised to change her dress to that of a man, and to attempt to have, by a plastic operation, a new urethra made from its termination in the perineum, along the sulcus to the glans penis, in order to produce more effective urination."

As I anticipated, the final struggle for the possession of the Hospitals' Football Challenge Cup rests between the London and the University College teams, and they meet on Saturday (this day) to try conclusions. I am not given to betting, or I should stake half-a-dollar on the Londoners, although University will, I am sure, make a strong bid for the trophy.

ANOTHER miserable and disgraceful piece of bungling has taken place on the scaffold. To read the description of the recent attempt to carry out the last sentence of the law at Exeter makes one's blood curdle. How long will science and humanity sit contentedly smoking their pipes in the chimney corner, while an ignorant and, it may be, drunken fellow tries to launch a soul into eternity with the aid of four yards of clothes line? Were a few of the fossils who preside over matters medical in London to meet in solemn conclave, and pass a resolution denouncing, as they should do, our barbarous system of capital punishment, the matter would be settled at once. Hanging will be fashionable for cats and dogs for many generations yet, but for human beings let us have something more in keeping with this age of scientific development. Dr. Benjamin Ward Richardson, what have you to say on the subject? You have befriended the condemned dogs, what do you propose for human kind, the lethal chamber or the guillotine? The nation looks to men like you for light and leading in a question like this, so I hope you will speak out boldly and fearlessly, as you have done in other matters.

PERIPATETICUS.

Original Papers.

THE PULSE: HOW TO FEEL IT AND WHAT IT TELLS.

By J. MILNER FOTHERGILL, M.D.,
Physician to the City of London Hospital for Diseases of the Chest, &c.

(Continued from page 59.)

HAVING mastered the subject of a fast, feeble pulse, and its opposite, the slow, hard pulse, something may now be said about the pulse, as indicative of the state of the heart.

As the left heart beats, so is the pulse. If the heart be beating fiercely, and yet the pulse is calm and compressible, the condition tells of the right ventricle being taxed, and of hypertrophy in it. This is a matter for the advanced student only; but it is one on which knowledge is often of great moment in practice.

When the heart is hypertrophied, the pulse is well sustained, regular, and steady. The hardening of the arteries (which is the usual associated state with the hypertrophied left ventricle) exaggerates the impression made by the pulse wave. The touch of the finger tip on the artery lights up a dark subject with him who knows what he feels and all its significance. But this individual knowledge cannot be transferred to another, though it is possible by pointing it out to help the student considerably. For one man who can find a thing out for himself, there are fifty who can see a thing after it has been pointed out to them.

Then there is the opposite condition of debility, or atony in the heart. This may occur under two pathological forms. In the one there is no apparent change in the form of the heart, but its structure is unsound, as in fatty degeneration of the muscular wall. Then the pulse is quiet usually, and not suggestive, or at least, but little so in most cases. Where a number of the heart's contractions fail to reach the radial artery the fact is ominous. When a pulse is intermittent, so that an occasional beat is lost, it is well to listen to the heart while feeling the pulse. When the beat is lost, but the heart is heard to strike but only feebly, then there is a strong suspicion of structural decay.

In the other there is a change of form, the heart becomes globular, and dilated, with thin walls. There may be no degeneration in the muscular fibrillæ, but at times a blended condition is present. The dilated heart contracts irregularly, both as to time, and energy; and consequently the pulse is irregular in time and volume. Sometimes in a very weak dilated heart, the pulse becomes a "wobbling thread."

The condition is aggravated by effort. The pulse often tells us the state of the heart, while the stethoscope corroborates what the pulse has told us.

Then there are changes in the valves of the heart which affect the pulse. When the aortic orifice is narrowed, the pulse is equal and slow. If the steno-

sis be very marked then the pulse is slow and feeble. A slow small pulse is suggestive of aortic stenosis, or fatty degeneration of the heart wall. But aortic stenosis produces the least effect upon the pulse of all valvular lesions of the left side of the heart. But in aortic regurgitation the opposite is the case. In this disease the ventricle (left) is greatly enlarged, the chamber being larger and the wall is thick. As a consequence, a large bulk of blood is thrown into the aorta at each ventricular contraction. This produces acute distention of the arterial wall. On the arterial rebound, the backward flow of the blood is no longer arrested by the aortic valves, and much of the blood finds its way back into the ventricle. The consequence of this is that the pulse rapidly collapses and the pulse has been variously described as "collapsing" or "jerking," or as "balls of blood shot under the finger," or "water hammer," or "Corrigan's pulse," (after Sir Dominic Corrigan, who carefully described it). It is often very visible at the temples, and in well-marked cases the pulse-wave may be seen shooting down the radial artery like a flash of lightning. This characteristic pulse can be seen as well as felt wherever an artery approaches the surface. The sudden collapse can be heard by placing the ear to the patient's wrist. If the skin of the forehead be irritated as by light scratching with the nail till it blushes, the blush deepens at every pulse wave.

In mitral stenosis the pulse is small (as the blood current is dwarfed) and—until the left ventricle fails—regular. When an advanced condition is reached then the pulse is irregular. In mitral regurgitation the pulse is irregular in volume and in time both, especially where there is dilatation of the left ventricle also present. A pulse irregular in volume in a person fairly well would at once suggest the possibility of a mitral leak. When mitral regurgitation co-exists with aortic regurgitation, and the arm be lifted high, the "collapsing" pulse falls away, more or less, completely.

Then there are conditions where the action of the heart is irregular or intermittent, and of course the pulse is involved. Sometimes a beat is lost amidst perfectly regular beats, and this suggests a mere nervous disturbance of no significance. But when the halt is preceded by several small beats then there is probably present some actual atony of the muscular wall. Once the distinction made, the student is not likely to commit the error (by no means infrequent) of making a mistake betwixt a merely intermittent pulse, and disease in the heart; the two may of course occur together, but they are not interchangeable terms.

Now the above is in no way the whole story of the pulse, or exhaustive of the subject. It is however enough for the student to start from. It will at least do for an introduction to the further study of the subject.

If the student wish to pursue the subject further he will find a chapter in "The Physiological Factor in Diagnosis," by the author, which may not be unworthy of his attention.

University, College, and Hospital Intelligence.

ST. BARTHOLOMEW'S HOSPITAL.

THE FOOTBALL CLUB.—On Saturday, the 21st inst., a match was played between the second fifteens of St. Bartholomew's and St. Thomas's Hospitals, which resulted in a victory for the Bart's team by two goals, two tries, and two touch-downs to one goal. St. Bartholomew's, having won the toss, decided to play with the wind, and, St. Thomas's having kicked off, the ball was returned to the middle of the ground, and, after several scrimmages, Elkington had a long dribble, and, picking the ball up close to the line, got behind the posts and secured a try for the Bart's. The kick, however, failed, but Elkington soon got possession of the ball, and obtained another try. Judge proved equal to the occasion, and kicked a goal. Soon after the ball was set in motion, Hill (captain), after a fine run, secured the third try for Bart's. The kick again failed, but soon Judge obtained the fourth try, which was converted into a goal by Wharry. Half-time was then called, but, when the ball was off again, St. Thomas's played well together, and, with a strong rush, took the ball over the Bart's line, and converted the try into a goal. After this St. Thomas's touched down twice in self-defence, but nothing else was scored. For the winners, Hill (captain), Judge, Morgan, Elkington, and Oldham distinguished themselves; and, for St. Thomas's, Morris (captain) played exceedingly well. On Saturday (this day) the second fifteen play against Richmond at the Old Deer Park.

Notices of Books.

HELPS TO HEALTH.*

The public interest excited last year by the Health Exhibition at South Kensington, while awakening both professional and public attention to the increasing importance of sanitary science, has very naturally tended to flood the literary market with books—good, bad, and indifferent—on the now popular subject of hygiene; but we think it a matter of self-congratulation to the author of the work now before us, that it is really the first good book of its kind which has recently appeared on either public or private health. It teems with good sound practical information on matters affecting the health and comfort of every class, from childhood to old age. All the subjects have been submitted to a most careful arrangement and classification throughout. In addition to a most exhaustive index, a list of sanitary officials, metropolitan and urban, arranged in order of districts, has been added for the convenience of the professional reader. This thoughtful addition speaks sufficiently for the spirit of practical order which pervades the whole work. The illustrations are excellent, and we can safely predict in this instance a circulation of the very widest character in the reading world.

THE JOURNAL OF THE POSTAL MICROSCOPICAL SOCIETY.†

A most admirable addition, under the above title, has recently been made to the roll of scientific periodicals, opening out a fresh vein in the mine of research to all lovers of science. The formation of the Postal Microscopical Society has added another lever to the working of higher education, by enabling faithful reproductions of physiological specimens to be easily and swiftly circulated by post—an immense improvement on the old fragile slides; and we cannot too heartily congratulate the Society on the completion of their excellent undertaking by the establishment of the Journal now presented to publicity. Its circulation will powerfully promote the views and

*Helps to Health, by Henry C. Burdett, founder of the Home Hospital for Paying Patients, &c., &c. Kegan, Paul, French, and Co., 1, Paternoster Square, London. 1885.

† Journal of the Postal Microscopical Society. Edited by Alfred Allas. Vol. I. London: W. P. Collins, 157, Great Portland Street.

aims of the Society—reproducing the views of eminent microscopists, as well as valuable contributions and papers from members, facilitating correspondence and exchange of ideas between microscopic investigators; whilst nothing which can possibly bear upon this special branch of science is overlooked. This journal occupies a position quite unique. The journal is further embellished by the useful addition of most carefully executed plates, which are faithful reproductions of interesting and highly instructive specimens. The practical utility of the work is patent in many salient points, among which we may specially instance a Map of England, Wales and Scotland, showing at a glance all the towns where the members reside. This useful work will give to the light valuable drawings and notes, the fruit of skilled experience, which would otherwise have been lost to the scientific world; while even the more modest technicalities of exchange and sale of apparatus, &c., will find a space in its correspondence columns. The publication of the Journal, as at present designed, is quarterly; but, in all probability, it may be confidently predicted that public appreciation of its utility will render a far more frequent issue necessary.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, FEBRUARY 28, 1885.

EDITORIAL AND PERSONAL.

THE Amsterdam *Allgemein Handelsblad* recently published a communication from Professor E. Cohn, of the University of Breslau, who recapitulates the substance of a correspondence of the celebrated naturalist Leeuwenhoek with Francis Aston, of London, a member of the Royal Society. Leeuwenhoek, writing from Delft, in 1683, reports that among the *debris* of food remaining between his teeth he had discovered, with the aid of the microscope, living organisms moving with great activity. He distinguished various kinds among them, which he describes so precisely that they would be easily recognizable. One, which occurs least frequently, resembles a rod, the bacillus; others, twisting in curves, are bacteria; a third kind, creeping in snake fashion, is the vibrio *ugula*; another kind, of extreme minuteness, resembles a swarm of flies rolled up in a ball, and is evidently the micrococcus; its movements cannot be traced with certainty. He says that this species seems to be made up of parallel threads, varying in length, and remaining immovable, while other specks move in and out through the web. Leeuwenhoek marvels that these things could live in his mouth, notwithstanding his systematic habit of cleansing it. He instituted observations, which showed that they were also to be found in the mouths of other persons. Some years later he could not discover any traces of those minute organisms, and he

was led to attribute their disappearance to the use of hot coffee. But shortly afterwards he re-discovered them as lively as ever. In September, 1692, he sent some sketches of them to the Royal Society. Professor Cohn observes that it would seem from this correspondence that the knowledge concerning those minute entities made no advance for nearly two centuries, and he remarks on the wonderful skill with which Leeuwenhoek used the imperfect instruments of his time.

At a meeting of the Senate of the Royal University of Ireland, held on Friday, Feb. 6th, the following were appointed examiners for another year:—*Medicine*, Stephen M. MacSwiney, M.D.; *Midwifery*, John A. Byrne, M.B., H. Macnaughten Jones, M.D.; *Materia Medica*, Francis J. B. Quinlan, M.D., J. Seton Ried, M.D.; *Medical Jurisprudence*, Edmund W. Davy, M.D., Michael McHugh, M.D. The Senate adopted the following among other resolutions:—"That all graduates of the University who at present hold the diploma in obstetrics, be advanced to the degree of M.A.O., upon making application, and complying with certain conditions prescribed by the Senate." "That after the year 1885 credit will not be given to any candidate for botany and zoology at the first examination in medicine upon the ground of having passed any arts examinations in which these subjects were comprised." The Senate also resolved that henceforth certificates of instruction in pharmacy, in connection with dispensaries, shall not be deemed satisfactory.

We are pleased to find from the annual report of the directors, just issued, that the "Sanitas" Company is making most satisfactory progress. The sales effected during the past year amount to £19,267 1s. 11d. After providing for bad and doubtful debts, the balance to credit of revenue, with the amount brought forward from last year, £90 18s. 9d., amounts to £5,201 10s. 4d. From this sum £215 8s. 4d. has been paid during the year for interest on debentures, and £1266 13s. 4d. on account of interim dividend for the half-year ended June 30, leaving a balance of £2877 14s. 7d. The directors recommend that a final dividend of 7½ per cent., free of income tax, be declared, making, with the interim dividend already paid, a total distribution for the year of 12½ per cent. This will absorb £2302 10s., leaving a balance of £575 4s. 7d., to be carried forward. At the International Exhibition, held at Calcutta 1883-84, a gold medal and a first class certificate were awarded to the Sanitas disinfectants. During the past year the debenture debt of the company had been paid off. The capital required for that purpose was raised by the issue of shares at a satisfactory premium. Acting upon the recommendation of some of the largest shareholders, the company has completed the purchase of the remaining two-fifths of all the foreign patents and trade marks for Sanitas products. Under a recent convention entered into between Great Britain and certain other countries, the company is now taking steps to develop a trade in Sanitas products on the Continent and elsewhere, and already a favourable

arrangement has been entered into for the sale of Sanitas in Belgium. It is anticipated that the purchase herein referred to will prove remunerative to the company.

On Tuesday last, Mr. Rivington removed a vesical calculus, the dimensions of which almost exceed belief. The weight of the stone, of phosphatic character, exceeded *one pound and nine ounces*, and no idea of its immense proportions was entertained until the bladder had been entered through an exploratory opening. On recognising the nature of the obstruction with which he had to deal, Mr. Rivington at once performed a supra-public operation, and, even then, all attempts to extract the calculus entire were unsuccessful, so that it had to be literally *hewn* with hammer and chisel, and was ultimately taken away in several large-sized fragments. Every care was taken to protect the peritonium from injury, and the condition of the patient, two days after the operation, was most satisfactory, and affords every reason to encourage the hope that he will make a good recovery.

DR. GEORGE JOHNSON, F.R.C.P., was, on Tuesday last, admitted a member of the Athenæum Club, by the Committee, under the rule providing for the special annual election of a select number of persons of distinguished eminence.

A MEETING of Convocation of the London University was held on Tuesday, at the University Building, to receive and consider the report of the Special Committee appointed at the meeting held on January 6th, to consider the proposals for promoting the establishment of a Teaching University for London. Dr. Storrar, the Chairman of Convocation, presided, and Lord Justice Fry moved, "That, in the opinion of Convocation, the objects of the Association for promoting a Teaching University for London would, if carried into effect by this University, add to its usefulness and importance." His Lordship said that, while he did not wish to cast the slightest slur on the past history of the University, he maintained that there should be a combination of teaching with examination. In his opinion the success of the scheme was inevitable, and it would be far better that it should be carried out by the University than by another examining body. This sensible resolution was duly seconded by Sir Joseph Lister, Bart., and after some discussion, raised by an opposition amendment, was duly carried by a large majority. Such an unexpected display of common sense on the part of Convocation will assuredly take a good many people by surprise, but none the less it is a welcome indication of coming change. Having thus unequivocally accepted the principle underlying the agitation for a metropolitan university that shall have a real existence, it is impossible for the authorities to resist the force of the tide which has carried them thus far, and it is now almost probable that an M.D. degree will be brought within the reach of average students of medicine without the

latter being compelled to seek it away from the scene of their educational career. It remains to be seen, however, to what extent details enter into the scheme to which Convocation has now committed itself.

At the Meeting of Convocation above referred to, the following were named as the objects of the Association formed to secure a Teaching University for London:—1. The organisation of University teaching in and for London in the form of a Teaching University, with faculties of Arts, Science, Medicine, and Law. 2. The association of University examinations with University teaching, and direction of both by the same authorities. 3. The conferring of a substantive voice in the government of the University on those engaged in the work of University teaching and examination. 4. Existing institutions in London of University rank not to be abolished or ignored, but to be taken as the basis or component parts of the University, and either partially or completely incorporated with the minimum of internal change. 5. An alliance to be established between the University and the professional Corporations, the Councils of the legal educational bodies, as representing the Inns of Court and the Royal Colleges of Physicians and of Surgeons of London. It will thus be seen that existing Metropolitan Medical Corporations, save and except the unfortunate Apothecaries again, are to become an integral part of the new combination, and it need hardly be said, how powerful such an association might of necessity become. It seems a little sad, however, that not even the addition of surgery to the "Hall" requirements has influenced opinion in its favour, or given it a status among the things that are to be.

On the occasion of the annual meeting of the South Devon and East Cornwall Hospital, Plymouth, a few days since, the new hospital was formally opened by the Earl of Mount-Edgcumbe. The new buildings occupy a distinct site from the old hospital, being in the best part of the town, and situated on four acres of ground. The hospital is built on the "pavilion" system, and is, in most respects, modelled after the Edinburgh Infirmary. There are four pavilions, one administrative, and three for the wards, the whole connected by a main corridor. Each pavilion is in two stories, and contains two large wards (each with sixteen beds), besides smaller special wards. There is accommodation in all for 124 patients, with an average of 1,700 cubic feet of space for each. The sanitary arrangements are very complete, each w. c. being quite shut off from its ward. The wards are heated by high pressure pipes, as well as by Captain Galton's stoves. The new building is a gain of over 40 beds on the old hospital, where, however, a large amount of work, especially surgical, has been done in the 40 years it has been in existence. There is an isolated block, containing two small wards for any infectious cases occurring in the hospital.

UNIVERSITY DEGREES FOR MEDICAL STUDENTS.

THE recent publication of the anxiously awaited Report of the Sub-Committee appointed last July, by the Council of the Metropolitan Counties Branch of the British Medical Association, respecting the important question of the attainment of University Degrees by medical men, is, we trust, in active circulation at the present moment. We feel, however, that, on a point of such interest to all well-wishers of the profession, a few words of comment will not be deemed superfluous, even by those already acquainted with the cogent remarks and judicious suggestions it contains.

Were the anxiety to affix the handle of "Doctor" with regular formality to his name a mere matter of vanity on the part of every aspirant, we should dismiss it with contemptuous pity from our notice, and simply refer to a certain happy land over the water, where every man who is neither a "*Gin'ral*" nor a "*Cunnie*," is either a "*Doctor*" or a "*Professor*;" and where, indeed, it seems to be the correct thing to select for yourself an honorific distinction, the more unsuitable to your capacity or social sphere the better. But it is not in mere snobbery that almost every practitioner looks forward anxiously to the day when he may obtain—and by sheer honest hard work, too—the honourable addition of the title "*M.D.*" to his name. Since the days when Medical Degrees were considered suitable to strictly medical consultants alone, professional education has made great strides. A more extensive curriculum, a more stringent examination ordeal, is demanded and enforced by the Licensing Boards; the outlay of time and money (the latter especially) becomes a more serious drain on each fresh generation of students; to attain a high place in the profession needs not only special talent and aptitude, but the expenditure of a little fortune, and the devotion of a considerable portion of a life-time. Surely the laudable desire of the hard-working practitioner to have his painstaking labours endorsed by the stamp of an Academic Degree should not be rendered unattainable to him, whatever his special branch of practice. And yet such is the fact, as the statistics laid before us in the Report above referred to only too clearly show. Writing in London, the head-quarters of British Medical instruction, with its vast Hospitals and unrivalled Schools of Medicine, we naturally expect to find the *M.D.* of the University of London predominant over others. Is such the case? Well, there are, we find, 1643 Medical Degrees of different sources held by the members of the London Medical world, of which 303 are London University Degrees! 18.4 per cent! Why, there are nearly half as many Irish Degrees held by London practitioners! Indeed, we find, on further perusal, that, while all the Universities, more or less, have at least the excuse of distance from the London Schools to offer in palliation of the disadvantages they present to London Students, here we have clearly pitched upon the least excusable offender. It is no secret that much disappointment has been caused by this *non-teaching* Alma Mater, which may aptly be compared to an unnatural parent, who expects great things from the

children she has allowed to pick up their living in the slums, because she was too lazy to look after them. Oxford and Cambridge have always *taught*, more or less; the London University has never opened its mouth except—to swallow the fees of its rejected candidates. It is nothing but an Examining Board with a curriculum. Where are its chairs of Law? of Letters? of Physic? To be consistent it ought, at least, to render its Examination ordeals approachable. They are rigid and exacting enough in themselves; surely the student who produces satisfactory evidence of a full curriculum of studies might be permitted to pay his fee and enter the lists? Not a bit of it. While graciously permitting all such aspirants to precede their medical studies by another preliminary Examination in Arts than its own matriculation (indeed, such a concession on the part of such a body is amazing!) it compels the unfortunate would-be graduate either to postpone all active steps towards attaining the *M.B.* until he has completed his medical studies and obtained a qualification, or else to devote a considerable portion of his first and second year to a matriculation as stringent as a Cambridge "*little-go*" of forty years ago—or, if he has already passed it, to an unavoidable Preliminary Scientific Examination, the stringency of which may be imagined from its only being held once in a twelvemonth, thus showing that at least a year is necessary for a rejected candidate to fit himself for re-appearing in the arena. Now, is it not evident that an irremediable injury may be done to a young man's career by compelling him, during the invaluable two first years of study alone (to say nothing of the subsequent ones), to divide his attention between medical and non-medical subjects, the latter being of *no professional use whatever* to him? The mere fact of his having satisfied the Medical Colleges of having passed a sufficiently satisfactory preliminary examination on general subjects, would surely suffice to prove him possessed of the average education of a gentleman. Why, then, bleed him as yet unfed'd purse, and despoil him of invaluable time he can *never* catch up again, by these non-professional ordeals of half-a-dozen subjects each—failure in *any single one* of which will throw him back another year? The University of London (we again quote from the Report) has throughout proclaimed its aim to be the higher elevation of medical education; but all it has done has been to establish so high a standard of stringency in Examination, that only a few exceptionally gifted individuals can pass through them; and, instead of a more highly educated profession, it can only point to a little knot of highly educated men as the result of its pretensions. We are ourselves acquainted with a young man whose medical prospects were ruined by the above causes. Having failed at the London Matriculation, prior to entering a London Medical School, he passed an Arts Examination elsewhere within a fortnight (a fact which showed he was not an absolute dunce), and commenced his medical curriculum with hope and energy; but his too ambitious friends insisting on his following up the London *M.D.* in preference to everything else, his first year—the misapplication of which, as every student knows, is irremediable—was

principally devoted to the Matriculation, and subsequent years to abortive attempts at the Preliminary Scientific, his misguided friends refusing him even the fees for the "First College" year after year until he passed the "Preliminary Scientific." The result is easily guessed. The unlucky man, compelled to neglect medical studies for non-medical science, although he almost read himself into a brain-fever, got only a smattering in medical knowledge, and has for years since been vainly struggling to catch up lost time, under the depressing influence of that deferment of hope which "maketh the heart sick." Depend upon it, the case of this student (who is neither an idler nor a fool) is that of hundreds of others; also, that the Committee, whose Report we so warmly endorse, have hit the nail on the head when referring "this want of sympathy between the University on the one hand, and the Medical Schools on the other," to the fact, "that on the Senate of the University there is no real representation of the Metropolitan Schools."

Nor are the other English Universities blameless. It is a notorious fact that Scottish and Irish degrees are more plentiful among medical graduates who have been educated in London than English degrees. The reason is obvious: Oxford and Cambridge are very exacting, not only in their curriculum, but in their rules of residence; no less so their junior, Durham; and the new Victoria University has followed suit. Now, what is the result? That medical men educated professionally in London, go principally to Scotland when they wish to obtain a degree; some even seek it abroad, at Brussels for instance, while the majority, unable to face the loss of time and expense of migrating from one school to another, give up all hopes of ever attaining a degree; so while the majority of our Scottish and Irish professional brethren are graduates, in England a small minority only have graduated. Is it not evident that the professional standard and social status must inevitably deteriorate in the long run under such conditions? And is it not equally clear that the future standard of excellence of our large London medical schools (at present second to none in the world) will likewise be menaced by the gradual migration of future generations of medical *alumni* towards other sources of instruction where degrees will prove attainable? This latter consideration alone, should induce an unceasing professional agitation for a total change in the present unsatisfactory state of affairs.

If we have appeared, while penning [the above lines, to animadvert with greater severity on the London University above others, it is rather on the principle *ille bene amat bene castigat*. We expect great things from it, we look forward hopefully to a grand future for it, if it will only be true to itself and to its professed aim—the perfecting of medical education; if it will but open its eyes to its own defects, and set to work manfully to remedy them. And had we the opportunity of making our humble individual voice heard for a few minutes only by its assembled Senate, we would say, "You have a splendid opportunity before you of eclipsing all other Universities in the world as far as medical

science is concerned. You are in the midst of the most populous city in the world; amid the largest hospitals and best schools of medicine and surgery, with an unrivalled staff of teachers, the healthy emulation and the extensive scope for experience and observation of which surpass anything else of the kind anywhere. Instead of letting your intensely coveted and honourable degrees become a mere mandarin's button to an exceptionally gifted few, to be viewed by all others, like the fox in the fable, as a bunch of sour grapes, throw them open to the crowd of hard working aspirants who surround you, by breaking down the superfluous barriers of repeated and vexatious non-medical preliminary ordeals, which serve only to weary the runners before the race begins. Without lowering their value by making them too easy, at least render the examinations for the 'M.D.' and 'M.B.' a fair test of accomplished medical knowledge, but not of exceptional talent or erudition; still less so an incentive to *cram*, the bane of true learning. Let the Metropolitan Medical Schools be fully represented in your Senate by adequate representatives from the active teaching staffs of the schools; you have a splendid galaxy of professional luminaries around you in London to select from; encourage the really hard-working aspirant to medical distinctions to fairly earn them by dispensing him from wasting the most critical years of his life cramming at non-professional subjects, and thereby neglecting the claims of his own legitimate calling. Let this be done, and we venture to predict that our children's children, in a far remote future, will find in the list of graduates of the University of London a roll-call of illustrious names of those unborn, as yet, which will eclipse in fame and lustre that of any other University which has ever existed."

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, the 19th of February, 1885:—Richard Henry Botham, King's College; Geo. A. Cherry, Toronto, Canada; Jas. Preston Hocken, Charing Cross Hospital.

VACANCIES.—Atcham Union—Medical Officer and Public Vaccinator. Salary, £50 per annum. Applications to J. Everest, St. John's Hill, Shrewsbury. Bath General or Mineral Water Hospital—Resident Medical Officer. Salary, £100 per annum. Applications by March 5th. Birmingham Borough Asylum—Resident Clinical Assistant. Applications to E. B. Whitcombe, Superintendent. Dewsbury and District General Infirmary—House-Surgeon. Salary, £100 per annum. Applications by March 3rd. General Hospital, Birmingham—Assistant Physician. Applications by February 28th. Halifax Infirmary and Dispensary—Junior House-Surgeon. Salary, £50 per annum. Applications by March 26th. Metropolitan Convalescent Institution, Walton-on-Thames—Medical Officer. Salary, 70 guineas per annum. Applications to Mr. Charles Holmes, 32, Sackville Street, W., by March 2nd. North Devon Infirmary, Barnstaple—House-Surgeon. Salary, £100 per annum. Applications by March 7th. Royal Albert Hospital, Devonport—Resident Medical Officer. Salary, £200 per annum. Sheffield Public Hospital and Dispensary—Assistant House-Surgeon. Salary, £65 per annum. Applications to the Honorary Secretary to the Medical Staff by March 3rd. Stroud General Hospital—House-Surgeon. Salary, £80 per annum. Applications

to John Libby, Honorary Secretary, New Mills, Stroud. University of Glasgow—Examiners in Physiology and Pathology, Medicine, and Clinical Medicine, Surgery and Clinical Surgery. Fee, £40 per annum. Applications by March 2nd. Western General Dispensary, Marylebone Road—Junior House-Surgeon. Salary, £63 per annum. Applications by February 28th. Windsor Royal Infirmary—Dispenser. Salary, £35 per annum. Applications by March 4th. York County Hospital—Honorary Physician. Applications by March 7th.

APPOINTMENT.—James D. Staple, L.S.A., Lond., has been appointed Assistant House Surgeon at the South Devon and East Cornwall Hospital.

ARMY MEDICAL SERVICE.—The following is a list of the successful candidates at the recent competitive examination for her Majesty's British Medical Service, in the order of merit:—

	Marks.		Marks.
Hickson, S. ..	2540	Adams, G. G. ..	2130
Fletcher, H. J. ..	2480	Shine, J. M. F. ..	2120
Lindeman, S. H. ..	2445	Day, W. B. ..	2110
Davis, E. ..	2430	Hamilton, D. R. ..	2100
Powell, S. ..	2410	Thompson, R. G. ..	2080
Jones, F. W. C. ..	2335	Blackwell, C. T. ..	2070
Meek, J. ..	2320	Power, R. J. ..	2065
Morris, A. E. ..	2310	Kilkelly, C. R. ..	2020
Cornack, E. ..	2300	Bean, W. H. ..	2010
McMillan, J. F. ..	2290	Ferguson, N. C. ..	1930
O'Donel, C. ..	2275	Wills, S. R. ..	1960
Carte, W. A. ..	2270	Hearn, M. L. ..	1960
Fitzgerald, A. O. ..	2260	Deeble, S. L. ..	1960
Elderton, F. D. ..	2230	Hall, R. H. ..	1940
Sheldrake, E. N. ..	2220	Bennett, W. H. ..	1921
Molesworth, R. E. ..	2215	Greenway, J. H. ..	1880
Long, J. W. F. ..	2210	Hanley, R. G. ..	1875
Joaling, C. L. ..	2180	Bell, W. H. ..	1850
Bateson, J. F. ..	2180	Cree, G. ..	1850
Swan, W. T. ..	2175	Philson, S. C. ..	1850
Bulfin, J. ..	2145	Nicolls, J. M. ..	1830
Macleod, R. R. ..	2140	Harris, F. W. H. D. ..	1800
Curtis, J. H. ..	2140		

NAVY MEDICAL SERVICE.—At the competition for Commissions in the Medical Service of the Royal Navy, held on the 9th February and following days, in the Hall of the University of London, the undermentioned candidates were successful in the order of merit:—

	Marks.		Marks.
South, H. E. ..	2090	Minter, E. D. ..	1720
Page, A. M. ..	2010	Alsop, C. ..	1710
Cropley, A. ..	1930	Eede, E. T. ..	1695
Jenkins, J. ..	1910	Chamberlain, C. B. d'E. ..	1690
Youel, H. S. ..	1815	Corbett, J. N. ..	1590
Elliott, H. ..	1760	Bowie, B. F. ..	1570

INDIAN MEDICAL SERVICE.—The following is a list of the candidates for Her Majesty's Indian Medical Service who were successful at the competitive examination held at Burlington House on the 9th February. Eighteen candidates competed for five appointments. All were reported qualified. The following obtained the highest marks:—

Campbell, E. K. ..	2590	Carroll, E. R. W. C. ..	2222
Drury, F. J. ..	2495	Dyson, H. J. ..	2160
Rogers, F. A. ..	2230		

PASS LISTS ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen passed the primary examination for the licence on the 2nd inst.:—A. J. Adie, H. Armstrong, R. D. Barber, W. O. Barham, H. C. Bartlett, W. Btt, E. G. Blackland, B. M. Bond, H. B. Brackenbury, C. Christopherson, S. A. Clarke, R. G. Cookson, E. E. Dalton, E. P. Daniell, H. M. L. Dean, H. Debenham, R. B. Eccles, C. H. Evans, F. R. Farmer, M. J. Finucane, N. H. Forbes, F. T. Frost, W. R. Garroul, W. Green, H. E. Hackett, W. Harries, H. J. Hawthorn, E. J. Haynes, C. P. K. Hemming, W. H. Hemshaw, C. T. Hudson, F. H. Hudson, J. Hutchinson, T. B. Jacobson, A. G. James, J. A. James, T. John, R. F. Jowers, C. N. Lovely, W. R. N. Maloney, F. G. S. G. Martin, F. R. Miller, E. Morris, W. H. Moyle, S. A. Mugford, G. W. Ord, A. E. Palmer, H. C. Parsons, A. E. Paul, G. Perrin, J. D. Price, W. T. Rayne, R. F. Reading, W. Roafe-Cox, A. Roberts, P. Rose, H. W. Scratchley, P. I. Shopoff, H. Sieveking, C. S. Simpson,

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UNIVERSITY OF DUBLIN.—Degrees were conferred last week on the following candidates who had passed the necessary Examinations at this University:—*Bachelor in Surgery.*—John Blacker Buchanan, Henry Augustus Ellis, Samuel Handy Halahan, William Lacy Hickey, Joseph Ewing Miller, James John O'Donnell, Daniel R. O'Sullivan, George Raymond, William Richardson Rice, Roland Hill Scovell, Walter John Slaughter, John James Carl Watson. *Licentiate in Surgery.*—Joseph Vincent Manning. *Bachelor in Medicine.*—Edward J. Farmer, Samuel Handy Halahan, Robert Kerr Johnston, Robert Travers, Lewis Arthur Henry Meeks, Joseph Ewing Miller, Robert John Montgomery, James John O'Donnell, George Raymond, Walter John Slaughter. *Doctor in Medicine.*—Alexander James Boyd, Richard Alfred Lett, Arthur Henry Meeks, Victor Edwin Smith, Charles Herbert Thompson, William McDowell A. Wright.

KING AND QUEEN'S COLLEGE OF PHYSICIANS.—At the February Examinations the following candidates, having passed the necessary examination, received the licences in Medicine and Midwifery of this College:—*Medicine.*—Berkeley Joseph Acheson, Francis Forster Brady, George A. Hawkins-Ambler, Julian Sewell Hayes, John Keenan, Denis Patrick Kenna, Francis Ignatius Maunsell, Sampson Roch, John Thomas Walsh. *Midwifery.*—W. J. Cawden, H. S. Fairbank, Lawrence B. P. Fernandez, George A. Hawkins-Ambler, John Keenan, D. P. Kenna, Francis Ignatius Maunsell. The undermentioned were admitted members:—Thomas Vesey Bell, Michael Joseph Yourrell.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS, Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Bailliere, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

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THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

JUNIOR ANTHRAX (Edinburgh).—The following is a copy of the inscription on the brass memorial over the remains of Hunter in Westminster Abbey, alluded to by Mr. Marshall in his excellent Hunterian Oration, on Saturday last, viz.:—"I. H. S. Beneath are deposited the remains of John Hunter, born at Long Calderwood, Lanarkshire, N.B., on the 13th of February, 1728; died in London on the 16th of October, 1793. His remains were removed from the church of St. Martin's-in-the-Fields to this Abbey on the 28th of March, 1859. The Royal College of Surgeons of England have placed this tablet over the grave of Hunter, to record their admiration of his genius as a gifted interpreter of the Divine Power and Wisdom at work in the Laws of Organic Life, and their grateful veneration for his services to mankind as the Founder of Scientific Surgery. 'O Lord, how manifold are Thy works, in wisdom hast Thou made them all.'—Psalm civ. v. xxiv." On the top are the heraldic arms of the Hunter family, and at the foot the crest of the College.

MR. FINGLAND.—The only persons who are entitled to call themselves "Doctor" are such as possess a University M.D. degree. Bachelors of medicine are commonly addressed as "Dr.," but they should not themselves use the affix, or encourage its use, as far as they are concerned, although the reason for their doing so is stronger than that which can be urged on the part of licentiates, or members, or fellows of the College of Physicians.

R. W. Z.—Many thanks for papers enclosed.

W. DAVIDSON will find "Maynes' Medical Lexicon" equal to all his requirements.

MR. DARTWELL's wishes shall be complied with.

THE author of a series of questions on osteology will please receive our thanks. We will reply to his letter after further consideration of the matter.

MR. NIVAN.—We are glad to find the question so satisfactorily settled.

R. W. Z.—The pass list referred to, which was inadvertently omitted, is now published.

MR. T. G. HALL.—Dr. Mitchell Bruce's "Materia Medica and Therapeutics" will best meet your requirements. It is published by Cassell and Co.

MR. BALFE.—We do not know of any work on the specific subject named by our correspondent.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. J. Milner Fothergill, London; Dr. H. Aubrey Husband, Edinburgh; Dr. W. A. Buchan, Plymouth; Mr. W. Pankhurst, London; Mr. A. Cooper Fenn, St. Bartholomew's Hospital; Mr. Thomas Niven, London; Mr. James D. Staple, Plymouth; Mr. W. Fingland, London; R. W. Z., University College, London; Mr. Davidson, Glasgow University; Mr. Dartnell, Liverpool; The Secretary of the Parkes Museum; Mr. T. G. Hall, Shornbrook; Mr. Balfe, Norwich; Dr. Armond Semple, London; Mr. J. B. James, London; Mr. Anwyl-Butter, Blackpool; Mr. T. Ledlie, Newry; The Director-General War Office Medical Department.

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ESTABLISHED UPWARDS OF A CENTURY.



Notes by the May.

THE unhappy business in the Soudan bids fair to be wholly eclipsed by the serious business which is brewing in Central Asia. For a long time past, the Russian Bear has been squeezing poor old John Bull in this region; and, at last, the Liberal Cabinet recognises the necessity of presenting a bold front to the unscrupulous aggressor. Russia, no doubt, imagines that there is no fight left in John Bull, but she will find that the old boy can deliver a few stunning blows straight from the shoulder, enfeebled though he be by the maltreatment of his present medical advisers. The struggle will be a severe one, but we shall never submit to Russia whilst we can place a regiment of soldiers in the field. If war with Russia is declared, there will be a great demand for doctors. No doubt large numbers of surgeons will be engaged to serve only during the war.

THE Lord Mayor has written to the papers imploring the public not to withdraw support from the Gordon Memorial Scheme, because of the composition of the Committee; and he urges everyone to sink his political views, and work heartily, to make the memorial a success. It is generally recognised that the reason why this communication was sent to the papers is, that a large number of persons have written to the Lord Mayor, protesting against Mr. Gladstone being permitted to act on the Committee. Many people think, and with much reason, that, as the head of the Government, Mr. Gladstone is responsible for the death of the brave defender of Khartoum, and that on him should be fastened the "indelible disgrace" which Gordon asserted would fall upon those who abandoned him to the savages of the Soudan. Viewed from this standpoint, it does seem like a mockery for Gladstone to be exerting himself to raise a memorial to the victim of his own indolence and incompetency. Sir Andrew Clark has a good deal of influence with the Premier, and I hope he will point out to him the incongruity of the position, and advise him to remove his name from the Committee.

THE difficulties of the Government, are so pressing, that we may make our minds perfectly easy that no Medical Reform Bill will stand the ghost of a chance of passing this session. For the present, matters medical will have to remain *in statu quo*. Meantime, the British Medical Association ought to take some steps by way of ascertaining what the profession really wants in the way of reform. The two or three ancients who rule the Association, under the direction of Mr. Ernest Hart, are too fond of taking upon themselves the responsibility of speaking for the profession at large, but they take very good care not to give the members of the Association an opportunity of declaring their views at a specially convened meeting.

ONCE again the London Hospital Football Team have carried off the Challenge Shield, and it is universally acknowledged that they have richly earned the honour. There can be no doubt that the best team won, and it is no disgrace to University College

team, who were left in to play off the final tie, to say that they were well beaten.

WHAT appears to have been a clear case of hydrophobia is reported from Sheffield, the victim being Mr. Rainforth, chemist and druggist, of that town. It appears that Mr. Rainforth was consulted respecting a small dog, that had shown some signs of being unwell, though not of rabies, and had just expressed an opinion that it was "all right," when the dog sprang up, and bit him on the cheek. The wound, which was immediately sucked by the owner of the dog, was cauterised as soon as possible, and healed. But five weeks after the bite had been received, Mr. Rainforth showed signs of uneasiness, which quickly developed into hydrophobia, and he died.

AT the special request of the Editor of the *Medical Press and Circular*, Mr. Spanton, F.R.C.S., of Hanley, has carefully investigated the so-called "faith cures," performed by the members of the Salvation Army. The cases of real disease submitted to "faith healing," are clearly shown by Mr. Spanton to be in no way benefited by the processes resorted to for their cure; and it is impossible to resist a slight feeling of contempt at the palpable weakness exhibited by those who will persist in "miracle mongering" of so wholly unproductive a nature. In his report, Mr. Spanton very distinctly states the absolute worthlessness of the "cures" effected. In one instance a patient of his own was the subject of "faith healing" for the relief of deafness, and was vociferously declared to be "cured" at one of the meetings. This woman ridicules the whole proceedings as nonsense, and asserts that she is no better, and her case is typical of all the subjects of real disease operated on. We may, therefore, pluck up courage again, and hope that the day is far distant when medical practitioners will be compelled to walk the streets, singing, "We've got no work to do."

HAVING to give evidence at an inquest, recently held at St. Bartholomew's Hospital, by Mr. Langham, touching the death of a Mr. Samuel, who died from the effects of poison, Mr. Thomas G. Evans, surgeon, did not favourably impress the jury, as will be seen from the following report, which appeared in a weekly newspaper:—"Mr. McClure, of 37, Aldermanbury, said the deceased occupied a portion of the premises. About noon, last Wednesday, while witness was in his office, his attention was attracted by hearing the deceased groaning. On going into his apartment, he found him sitting in a chair, apparently very ill. When asked what was the matter, he said he had taken some nitric acid in mistake for his medicine. Mr. Thomas Griffith Evans, a surgeon, said he happened to be with the last witness when the occurrence took place. He found the deceased suffering from the effects of poison, and procured an emetic, which caused him to vomit. Witness afterwards procured a cab, and took him to the hospital. On the way, the deceased said he wished he was dead, and witness believed that he took the poison with intent to destroy himself. The

Rev. J. Samuel, of 74, Sutherland-gardens, Maidavale, the father of the deceased, complained bitterly of the conduct of the last witness. He had demanded £2 2s. for his services, and said that he would see that the case did not get reported in the newspapers. If his demands were not satisfied, however, he would make it 'hot for them.' The jury returned a verdict of 'Accidental Death,' observing at the same time that they did not believe a word Mr. Evans had said."

At another inquiry, held a few days after, Mr. Langham, the coroner, said he wished to make public the fact, that he had received a most insulting communication from a physician at the hospital, finding fault with a verdict which a jury had returned in connection with the above inquiry. The writer, whose name he would purposely refrain from mentioning, had announced his intention of making the public acquainted with his opinion of the case. It was a matter of perfect indifference to him (Mr. Langham) what course this gentleman took, but he might say that the jury very carefully investigated the facts of the case, and had returned their verdict in the usual manner. The letter was most insulting, and no one had a right to set up his opinion against the deliberate conviction of a jury of respectable citizens.

I REGRET to observe, from the police reports, that three medical students were recently fined for disorderly conduct in the Haymarket. On the present occasion I shall not mention names, but I sincerely hope such occurrences will not be frequent. Surely it is possible to appear in this warm quarter of the metropolis without indulging in riotous behaviour. Business is business; and the more quietly and respectably it is done, the more satisfactory to all parties concerned.

PERIPATETICUS.

Original Papers.

CHEMICAL PHYSICS FOR MEDICAL EXAMINATIONS.

THE scale in use in England, both for medical and general purposes, is that of Fahrenheit, who reckoned the melting point of ice as 32°, and the boiling point of water as 212° (Fahr.). Thus we see that he divided the interval between the boiling and freezing points into 180°, which evidently correspond to the 100° of the centigrade scale; therefore, 1° Fahr. is equivalent to $\frac{100}{180} = \frac{5}{9}$ of 1° cent. Since Fahrenheit reckoned the freezing point as 32°, it is obvious that the zero of his scale must correspond to a temperature considerably below it; this temperature (0°F.) was the lowest obtainable in his time. The third and last scale of which we have to speak is that of Reaumur. It is never used in England. According to it, there are 80° (Reau.) between the freezing and boiling points, the freezing point being, as in the centigrade scale, reckoned as 0°. Thus, 80° (Reau.) are equivalent to 100° centigrade; therefore, 1° (Reau.) is equal to $\frac{100}{80} = \frac{5}{4}$ of 1° C.

It is often necessary to express a temperature denoted in terms of one scale in terms of another. This is easy enough, if the facts stated above be kept in mind.

To convert Degrees Centigrade into Degrees Fahrenheit.

$$\begin{aligned} 100^\circ \text{ C.} &= 180^\circ \text{ F.} \\ \therefore 1^\circ \text{ " " } &= \frac{180}{100} = \frac{9}{5} \text{ F.} \end{aligned}$$

Hence, we multiply the number of degrees C. by $\frac{9}{5}$, and the product gives us the number of degrees Fahr. above the freezing point, i.e., above 32° F., and therefore we must add 32, in order to reckon from the zero of the Fahrenheit scale. Take an example:—

$$\begin{aligned} 1. \text{ To convert } 35^\circ \text{ C. into Fahrenheit.} \\ 100^\circ \text{ C.} &= 180^\circ \text{ F.} \\ \therefore 1^\circ \text{ " " } &= \frac{180}{100} = \frac{9}{5} \text{ F.} \\ \therefore 35^\circ \text{ " " } &= \frac{9}{5} \times 35 = 63^\circ \text{ F.} \end{aligned}$$

$$63 + 32 = 95 \text{ Ans.}$$

There are some cases, however, which cannot be worked by any one rule, but must be reasoned. As an example:—

II. Convert $-10^\circ \text{ C. into Degrees Fahrenheit.}$

It must here be noted that temperatures below zero are expressed by prefixing —

$$10^\circ \text{ C.} \times \frac{9}{5} = 18^\circ \text{ F.}$$

i.e., the temperature is 18° F. below the freezing point, but the freezing point is 32° Fahrenheit above the zero of that scale; therefore, the temperature will evidently be $32 - 18 = 14^\circ \text{ F. Ans.}$

The conversion of Reaumur into centigrade is still simpler, since in this case the zeros correspond to the same temperature. One example will suffice:—

III. Express 60° Reaumur in the Centigrade Scale.

$$\begin{aligned} 80^\circ \text{ Reaumur correspond to } 100^\circ \text{ C} \\ \therefore 1^\circ \text{ " " " } &= \frac{100}{80} = \frac{5}{4} \text{ C} \\ \therefore 60^\circ \text{ " " " } &= 60 \times \frac{5}{4} = 75 \\ \text{Ans: } &75^\circ \text{ C.} \end{aligned}$$

Having now described the making and graduation of a mercury thermometer, before passing on to the consideration of other instruments, it will be necessary to state an error, which must be guarded against, in the use of it. If, six months after the instrument has been made and graduated, it be placed in melting ice, exactly in the same way as when the freezing point was determined, it will be observed that the mercury stands above the zero point, usually about .4°. This is due to a diminution in the capacity of the bulb, caused by the fact that some time must elapse before the glass can resume its normal state, after the processes to which it has been subjected in the making of the instrument. The amount of this "displacement of the zero" must be noted, and added to every reading taken with this particular thermometer.

Alcohol is used for filling thermometers for the measurement of very low temperatures, since mercury becomes solid at -39° C. , whereas alcohol has never been solidified yet. The graduation of these instru-

ments is effected by comparison with a mercurial thermometer.

It is often important to be able to tell the highest and lowest temperatures which have occurred during a certain interval, when we cannot be constantly watching the instrument. Examples of this occur in clinical work, and for this purpose what are termed maximum and minimum thermometers are employed. The minimum thermometer in general use is Rutherford's, which is an alcohol thermometer, the tube of which is *horizontal*, and containing in the part of the tube filled with liquid, a little dumb-bell shaped glass, or enamel index. Before use, this is allowed to slide gently down till it touches the surface of the alcohol from the interior of the column. When the alcohol contracts, the index is carried with it, owing to the concave surface of the liquid refusing to be broken; on the other hand, when the alcohol expands, owing to the horizontal position of the tube, the index remains in its place. The end of the index, therefore, nearest to the extremity of the column of liquid, is opposite the graduation corresponding to the lowest temperature reached.

There are many forms of maximum thermometers in use. One of the best and simplest is that due to Negretti and Zambra. This consists of a mercurial thermometer, with a horizontal tube; close to the bulb there is a constriction in the tube, a narrow passage only being left. When the mercury expands, it is forced past this constriction, but when the temperature falls, the mercury in the tube is unable, by the mere force of cohesion, to get past the obstruction, and consequently remains in the tube, the end of the column pointing to the highest temperature reached. In order to reset the instrument for another reading, it is held by the extremity of the tube, and turned from above downwards, the centrifugal force carries the mercury in the tube past the obstruction, and reunites it with the mercury in the bulb.

(To be continued.)

THE ESSENTIALS OF TOXICOLOGY.

By ARMAND SEMPLE, B.A., M.B. Cantab, M.R.C.P.
London, Physician North Eastern Hospital for
Children; Author of "Aids to Chemistry," &c.

(Continued from page 68.)

METALLIC POISONS.

ARSENIC, As.

The Tests for arsenious anhydride may be divided into three groups:—

(1) Solid; (2) Liquid, and (3) Special.

The solid tests are two in number:—

(1). Arsenious acid, when heated upon charcoal, emits an odour of garlic. (2) When it is heated in a reduction tube with black flux, (*i.e.*, dried carbonate of soda and charcoal), metallic arsenic is formed, which condenses as a ring upon the upper part of the tube.

The liquid tests are three:—

(1) Sulphuretted hydrogen gives a *yellow* precipitate of sulphide of arsenic soluble in ammonia.

(2) Ammonio-nitrate of silver (made by adding just enough liquor ammoniæ to the nitrate of silver

to precipitate the brown oxide of silver) gives a canary yellow precipitate of arsenite of silver soluble in excess of ammonia.

(3). Ammonio-sulphate of copper (made by adding to a solution of sulphate of copper just enough liquor ammoniæ to throw down a pale-blue precipitate) gives a *green* precipitate of arsenite of copper or Scheele's green, soluble in excess of ammonia.

The special tests are two in number.

(1). Marsh's test. This consists in the decomposition of arsenious acid by means of nascent hydrogen. A suitable vessel is taken, and in it are placed some strips of zinc with water and sulphuric acid. Hydrogen gas is thus generated, and escapes through a gas-jet with which the vessel is furnished. This gas burns with a very faintly luminous flame when a light is applied, the result of its combustion being only a few drops of water. The arsenious acid is now added to the contents of the vessel. The hydrogen flame is converted into arseniuretted hydrogen, and burns with a *pale-blue* flame. A white porcelain plate is now placed over this last flame, and a deposit is formed which may be divided into three rings. Thus:—

(a). A central ring, consisting of metallic arsenic; (b), a ring round this, consisting of a mixed deposit of arsenic, and arsenious anhydride and (c) an external ring of arsenious anhydride. This deposit is soluble in a solution of chlorinated lime, but insoluble in hydrochloric acid (thus distinguished from the antimonial deposit which is insoluble in the former but dissolved by the latter reagent).

(2). Reinsch's test. This consists in boiling bright strips of copper in an arsenical solution previously acidulated by hydrochloric acid. Metallic arsenic becomes deposited upon the strips of copper, which are then withdrawn and placed in a reduction tube, with the same result as has been described above under the solid tests.

This last test is also employed in the detection of antimony and mercury. The differences are the following:—

The deposit in the case of Antimony is *violet*, and in the reduction tube its sublimate is amorphous, and insoluble in water.

The deposit in the case of Mercury is *bright and silvery*, its sublimate consisting of bright metallic globules.

The deposit in the case of Arsenic is *steel-grey*, and its sublimate consists of octahedral crystals, sparingly soluble in water. The presence of these octahedral crystals is confirmatory of the existence of arsenic.

(To be continued.)

University, College, and Hospital Intelligence.

WESTMINSTER HOSPITAL.

NEW MEDICAL SCHOOL BUILDINGS.—The Duke of Westminster, who was accompanied by the Duchess of Westminster, on Saturday last performed the ceremony of laying the corner stone of a building, which is now in course of erection in Caxton Street, Westminster, for the accommodation of the

Medical School of the Westminster Hospital. The company, who assembled in the Town Hall, included—Sir Rutherford Alcock, the Dean of Westminster, Sir Henry Pitman, Dr. Fincham, Dr. Sturges, Dr. Allchin, Dean of the School; Mr. Charles Hawkins, F.R.C.S., Inspector of Anatomy; Mr. G. Cowell, Dr. Dupré, Dr. Sutherland, Dr. J. B. Ball, Mr. H. D. Erskine, Mr. J. C. Thynne, Colonel Waldo Sibthorp, Mr. P. Fleydell Bouverie, and Mr. S. M. Quennell, Secretary. Proceeding to the new building, which has a frontage on Caxton Street, and is only separated from the Westminster Town Hall by a narrow by-way, those invited to assist at the ceremony took their places on a platform at the south-east corner of the school. Sir R. Alcock read an address from the House Committee and Medical Staff to the Duke of Westminster, who is President of the Hospital. In this document it was stated that the great cost of improvements (over £17,000) made eight years ago in the wards of the hospital, had rendered it necessary to postpone hitherto the removal of the Medical School from the Hospital, and the provision, in the space thus set free, of better accommodation for the out-patients, consulting rooms for the Medical Staff, and a chapel to seat 100 patients. The probable cost of completing, once and for all, everything that remained to be done to make the Westminster Hospital a model of its kind, was £18,000, and just half of this sum had at present been contributed. When the remaining £9,000 had been received, the Committee would be free from the necessity of making any further appeal, either for extension or improvements. The Dean of Westminster having read a short service of prayer, the Duke performed the ceremony of laying the corner stone. With a vote of thanks, moved by Dr. Sturges, the senior Physician, and seconded by Mr. G. Cowell, the senior Surgeon, to his Grace and to the Duchess of Westminster, for their presence, the proceedings closed. The new Medical School, which is being erected from the designs of Mr. Stephen Salter, is in the so-called Queen Anne style, of red brick, faced with Corallish stone, like the neighbouring Town Hall.

GLASGOW.

GLASGOW UNIVERSITY v. ABERDEEN UNIVERSITY (Rugby).—This inter-university match was played at Aberdeen on Saturday. Aberdeen won the toss and elected to play with the wind. Both sides worked very hard, and kept well together. The first half-hour closed without any advantage being gained by either team. After the kick off in the second half, the ball was kept in the Glasgow territory for some time, but Aberdeen were unable to score. The best match that either of the universities have played this season, ended in a draw—neither side having scored. The visitors were hospitably entertained, and had a most agreeable time of it.

STUDENTS' SUPPER.—The Medical Students of the first year, held their supper in the Bath Hotel, on Friday, the 27th ult. Dr. J. Yule Mackay took the chair. After the supper, the usual loyal toast "The Queen," was proposed by Dr. Mackay; after which other speeches were made, and songs, recitations, and instrumental music were given by several of the students present. At eleven o'clock, the company sang "Auld Lang Syne," and dispersed, after having spent a very enjoyable evening.

The students of the 2nd year, will hold their annual supper on the 6th inst., when Professor McKendrick will preside.

BIRMINGHAM.

QUEEN'S COLLEGE MEDICAL SOCIETY.—The 80th Ordinary General Meeting of the above Society was held in the library of Queen's College on Wednesday evening, Feb. 26th, the President, Dr. C. W. Suckling in the chair.

Dr. C. E. Purlow exhibited a specimen of lymphadenoma of the spleen. The organ had attained a very large size, and weighed upwards of five pounds. Mr. J. Hall-Edwards read some interesting notes upon a case of tubercular meningitis, and showed organs from same. Mr. A. H. Nott exhibited an exceedingly interesting specimen of rupture of the heart. The rupture was situated in a very uncommon position, viz., the left auricle, and was caused by pressure between the buffers of a train. Mr. Jordan Lloyd, read a most interesting and instructive paper "On the Rational Treatment of Mammary Tumours." After describing and classifying the different tumours which invade the mamma, he dwelt at some length

upon their diagnosis, and showed that it is of the first and greatest importance that the surgeon should satisfy himself as to the malignancy or otherwise of any tumour with which he has to deal. He said that in the cases of questionable tumours it has always been the rule to consider them innocent, until they were proved to be malignant; but he thought the time had come when all tumours of the breast should be treated as malignant, until they proved to be innocent. Mr. Jordan Lloyd said he felt certain that many cases of cancer, which had been operated upon sufficiently early, have been permanently used; and that the reason why this fact is not generally acknowledged is, that surgeons have no reliable proof that any cases upon which they have operated were of a malignant character. He advised all young surgeons to keep notes, and microscopical specimens, from any cases upon which they may operate, for then they will be in a position to meet all challenges as to the malignant character of any tumour which they have removed, and which has never recurred. The paper was listened to with the greatest possible interest; and the many original remarks and observations which it contained proved that Mr. Lloyd has devoted a considerable amount of thought to this, one of the most perplexing and important branches of operative surgery. Mr. Jordan Lloyd exhibited numerous microscopical specimens during the evening. The following gentlemen were among those present at the meeting—Drs. Suckling, Purlow, Nelson, Line and Grinling. Messrs. Greene, Emey, Hoffman, Fitch, Hamson, Nott, Brice, Randall, Thompson, Eliot, Goff, Hall-Edwards, Jordan Lloyd, &c.

EDINBURGH.

THE UNIVERSITY COURT.—At a meeting of the Edinburgh University Court, held on the 23rd ult., Dr. Frederick Page, of Newcastle-upon-Tyne, Surgeon to the Infirmary, and Joint-Lecturer on Clinical Surgery, was appointed to be additional Examiner in Clinical Surgery in the University during the current year. The appointment is for one year, but may be continued by annual re-appointment for five years. At the same meeting, Mr. James T. Carter, F.R.C.S. Ed., was recognised as a teacher of medicine, in Glasgow, whose lectures should qualify for graduation in medicine in the University.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, MARCH 7, 1885.

EDITORIAL AND PERSONAL.

THE corner stone of the new Medical School, connected with the Westminster Hospital, was laid on Saturday last by the Duke of Westminster, this being a further step towards the completion of the measures decided upon in 1876 for the improvement of the Westminster Hospital. The plans have been made to include ample accommodation for the out-patients, with suitable and convenient consulting-rooms for the Medical Staff; and, in addition, provision has been made for the erection of a Chapel, to seat 100 persons, for the use of the in-patients able

to attend Divine service, and of the officers and servants of the hospital. The probable cost of completing everything remaining to be done is £18,000, and just half of this sum has at present been contributed. The Duke of Westminster said it was quite right that the Medical School should be better provided for, than the inadequate accommodation in the hospital supplied; and they appealed to the public, with some confidence, upon the ground that they ought at least to be on a par with other hospitals, which had admirable medical schools, upon which large sums of money had been expended. The exact basis on which this assumption is erected are not, however, so clear as the noble Duke seems to imagine; for not a few persons fail to see any necessity for the existence of either a Medical School, or a Hospital, in such close proximity to St. Thomas's and St. George's Hospitals, as is the Westminster Hospital.

At Leicester, on Wednesday, 15 persons were summoned to show cause why orders should not be made on them to have their children vaccinated. Charles Lester, one of the defendants, assured the Bench that one of his children, whom he had submitted to the operation, had died from its effects, after great suffering, and, that being so, he said he would undergo any penalty rather than subject another child to the same risk. The magistrates accepted the statement as a "reasonable excuse" for not complying with the law, and dismissed the case, the prosecution paying the costs. Another defendant, named William Woodward, stated that one of his children had suffered very seriously through vaccination, and had been disfigured by it. The Bench accepted this excuse also as "reasonable," and dismissed the summons. Orders to comply with the Acts were made in the other cases.

In the Court of Session Edinburgh, on Wednesday, Lord Lee gave judgment in the action for divorce, at the instance of Mary Emily Bertram, or Watts, from her husband, William John Weekes Watts, who was described as a medical student, some time residing at 77, Renfrew Street, Glasgow. The evidence recently laid before his lordship showed that Watts resided for a number of years in Glasgow, professing to be a medical student, but he never attended classes, his whole time being spent in drinking and enjoying himself. He is now a dock labourer at Woolwich. Mr. Comrie Thompson argued that there was a sufficient domicile to found the jurisdiction of the Court. His lordship found it proved that defender had been unfaithful to his wife, but that the evidence of his intention to make Scotland his home had not been proved; as a matter of fact, he returned to England, and is now there. The case was, no doubt, one of hardship, and, therefore, he reluctantly dismissed the action.

A CONTEMPORARY states that Professors Struthers, Nicholson, and Brazier, have been offered the offices of vice-presidents of certain sections, at the ensuing meeting of the British Association in Aberdeen, and that they all have declined the appointment.

DR. HERMANN WEBER will deliver the first of the Croonian Lectures at the Royal College of Physicians of London on Tuesday next, the subject being "The Hygienic and Climatic Treatment of Consumption."

MR. WILLIAM RUSSELL, of Barnwell, Northampton, has given £5,000 to the authorities of the University of St. Andrew's, to found entrance bursaries in memory of his brother and himself, both having received their education at St. Andrew's.

In October last the General Medical Council passed a rule that all students, before being inscribed on the Students' Register, should exhibit a knowledge of the "elementary mechanics of solids and fluids, comprising the elements of statics, dynamics, and hydrostatics." The *Medical Press and Circular* states that the University of Dublin has refused to conform to this view, expressing the "opinion that the knowledge of mechanics guaranteed by the examination proposed by the General Medical Council would not be worth possessing. The ideas involved in elementary mechanics, such as mass, inertia, velocity, momentum, vis viva, and energy, are difficult in themselves, outside the range of school studies, acquired slowly even by those who ultimately grasp them, and such that many highly educated men may pass their whole lives without once having had a clear conception of them."

THE Royal College of Surgeons in Ireland has followed up its declaration that it will, in future, admit women to its licences, by recognising the London School of Medicine for Women. The intention of the College, however, cannot be carried into effect until the sanction of the Irish Government has been given to the change of charter necessary to allow of the admission of women. The new charter has been—for some time—in the hands of the Irish Government, and it is hoped that their approval will be obtained before long.

At the twelfth annual meeting of the subscribers to the Macclesfield General Infirmary, which was held recently, it was decided that the engagement of the house-surgeon should be terminable by one month's notice, instead of by three as heretofore, and it was also resolved that the matron shall superintend the establishment in conjunction with the house-surgeon, an office hitherto filled by the latter official alone.

WE understand that the Government is undecided as to what course to pursue with respect to the Medical Reform Bill. A short time ago it was fully intended to rush the Bill through both Houses this session; but recent foreign complications have upset all previous calculations, and it is now generally acknowledged that the present Government has so lost caste with the country, that it will be quite impossible to attend to domestic legislation until after the next General Election which cannot be long delayed.

QUACKS AND QUACKERY.

"*Populus vult decipi*," said an ancient sage, who knew his fellow-men well, and were he to come to life again in the present day, he would find posterity not a whit the wiser, as the subject of this paper clearly demonstrates—a subject of such wide scope, and so constantly brought home to our notice in an infinity of forms, that we feel confident our readers take no little interest in a matter gravely affecting the credit of an honourable profession from both inside and outside, as unhappily there are both professional and non-professional quacks. Let us view these two different breeds of black sheep *seriatim*.

We naturally begin with the professionally qualified quack. It may seem unwarrantable to apply such a term to the legitimate possessor of a diploma; but is it not fitly earned by those who, from sordid motives, forget alike their duty to their patients and to their honourable calling—the claims alike of humanity, and of what our French brother practitioners aptly term "*la dignité doctorale*?" Scarcely a day passes but some flaming advertisement in a local paper catches our eye, setting forth in high-flying style the merits and dexterity of Mr. or Dr. So-and-So, who has filled various offices at — Hospital, and who is famous for his unrivalled system of treatment of this or that disease; who sees patients at such and such hours, &c., &c. Another form of qualified quack cures, or makes believe to cure, by some special nostrum, the sole merit of which (when it *does* possess any) lies in its total harmlessness. Next comes the writing quack, who brings out a book which is highly extolled and puffingly advertised in a local periodical, the editor devoting to its merits a flourishing leader, which in point of fact is nothing more than a highly expensive advertisement. Where the book really contains any solid substance, it is pretty certain to be, in school-boy parlance, "a crib" from really original authors, a warmed-up hash of scraps off good joints. None of these gentry would dream of imitating the quack-solver of old times, who may yet be seen at Continental fairs, in an open carriage and pair, in a half-Turkish, half-magician costume, with a venerable beard to his girdle, attended by fantastically dressed retainers, with big drums and cymbals, &c.—and yet, in a metaphorical sense, they bang the big drum as loud as any traditional charlatan. Now for the non-professional quacks—their name is Legion. Do we not daily see handbills distributed wholesale to the easily-gulled public—no less frequently observe little pamphlets (assuming to be written in an over-done strain of morality) which are a disgrace to the civilised community which tolerates their circulation broadcast? No term of obloquy is too severe for these pests of society, among whom there is a keen competition, but the form is much the same. "The secret vices" or "the indiscretions of youth" forms the usual heading, followed by a philanthropic invitation to all such sufferers from a long and formidable enumeration of symptoms, to consult the illustrious Dr. X. Y. Z. of the Esculapian University of Chicago (he is fond of a mysterious American M.D.-ship), who has devoted his life to the treatment of, &c., &c.—no charge unless cured.

The latter proviso is a monstrous snare; the charge will prove a good round one, undoubtedly, but as for the cure . . . When we contemplate the vast amount of mischief, demoralization, and misery traceable to the circulation of these pernicious pamphlets, the mind is appalled. Written, as we pointed out above, in a mock-moral tone, which would seem to imply that the learned author practises from sheer philanthropy (and not for filthy lucre, oh dear no!), they prove the more dangerous snare for the luckless dupe who is thus decoyed into the hands of an unscrupulous adventurer, who will perhaps raise black-mail out of him by threats of exposure, with a brutally cynical disregard of professional secrecy. We are well aware that others before us have sought to warn the unwary against all such; but, alas! the dupes keep the race of quacks alive in spite of all warning—"populus vult decipi."

A singular, and apparently harmless, form of quackery, may not unfrequently be noticed in the advertisement columns of a newspaper. An old lady or elderly clergyman has found such unspeakable relief from hysterical or rheumatic or other pains, through some unthought-of but simple remedy, that he or she is ready to forward it free of charge to fellow-sufferers. Now we cannot help wondering these kind-hearted convalescents do not, while they are about it, work out their laudable design in the simplest way, by then and there advertising their successful nostrums to suffering humanity at large. We are cynically disposed to view the human sufferer as a myth, set up by some 'cute speculator who means to "make it pay" somehow at our expense, and we are strongly reminded of the shilling's worth of stamps we threw away in our beardless youth, in futile hopes of becoming in twenty-one days the fond wearers, at 16 years of age, of heavy-dragoon moustaches, which only ended in an invitation to buy half-a-guinea's worth of something or other for the purpose. Then we have unqualified quacks on a larger scale, proprietors of hydropathic establishments hospitably inviting us (for a consideration) to come and be drenched into youth and vigour; others of a more mercantile character, who nevertheless undertake to free our stomachs for ever from dyspepsia, &c., if we will but live exclusively on "*the most delicious food*" ever devised, and which we find after all to be something very like "skilly;" others who exhibit mystic chains and bands (which fit admirably on little plaister figures), and which are *supposed* to make cripples walk in no time . . .

But, as we said above, the name of quacks is Legion, and space fails us to enumerate the whole tribe. Indeed, we fear that our cautions will meet with the reply of Marryat's old sailor to the learned man, who tried to demonstrate to him the fallacy of trusting superstitiously to the possession of a child's caul for the preservation of life at sea. "Well, but, master, if a vulgar error saves a poor fellow from drowning, why not trust to the vulgar error?" And we fear that this worthy, but only too confiding tar, is also one of a family whose name is Legion.—*Populus vult decipi*.

Examination Questions.

APOTHECARIES HALL.

The following were the written questions, set at the final examination of Apothecaries Hall, on February 25th:—

Medicine.—1. What are the varieties of sore throat, and how do you distinguish between them? 2. What are the symptoms of a cerebellar tumour? 3. What indications can be observed in the radial pulse as shall assist in diagnosis? 4. What are the causes and symptoms of pyloric obstruction?

Pathology.—1. Describe the pathology of leukaemia. 2. What are the destructive changes in the liver due to alcoholic excess?

Therapeutics.—What are the differences between anodynes and narcotics, and give examples.

Midwifery.—1. What are the causes of funis presentations, and how would you treat them? 2. What are the evils resulting from (a) excess of liquor amni; (b) too early loss of it? 3. What are the causes of Amenorrhoea, and what would be your treatment in each case? 4. What are the early symptoms of rickets, and the treatment?

Forensic Medicine and Toxicology.—1. What poisons produce sudden death, and mention any points which would assist you in deciding as to the cause of sudden death in any case. 2. What are the symptoms and treatment of acute and chronic mercurial poisoning? 3. How would you distinguish between homicidal and suicidal wounds of the throat? 4. What are the tests of phosphorous, cantharides, and arsenic found in stomach?

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

EXAMINATION FOR THE LICENCE FIRST PART,

JANUARY 28TH, 1885.

CHEMISTRY AND CHEMICAL PHYSICS No. 1.

Physics.—1. Explain clearly how a large room can be warmed by a system of hot water pipes. Whereabouts in the room must the pipes be placed, and in what situation relatively to the heating fire? 2. When using a convex mirror your reflected image appears diminished, and in looking into a concave mirror your image appears enlarged in size. How is this? Explain your answer by diagrams. 3. A current from a galvanic battery successively passes by means of platinum electrodes through the following solutions:—Hydrochloric acid, potassium iodide, copper sulphate, and silver nitrate. What chemical changes are produced in these solutions, and what substances are formed in the vicinity of each electrode?

Chemistry.—4. What is the constitution of ozone, and what of hydrogen peroxide? How is each substance prepared, and what are their leading properties? 5. What changes take place when a stream of carbonic acid gas is passed through a solution of pure caustic soda in water? When saturated, the solution is evaporated, and the residue ignited. What chemical changes then take place? Explain your answer by symbolic equations. 6. Steam is passed through five red-hot tubes, containing respectively fragments of iron, platinum, carbon, copper and marble. What changes, if any, take place? Give equations. 7. Give the names and formulae of the principal oxides of lead. How can they be prepared? What are the actions of hydrochloric acid and nitric acid upon them? 8. What is the action of bromine dissolved in excess of caustic soda upon urea; and how is the reaction of these substances utilised for the estimation of urea in urine? 9. How are alcohol and ordinary ethyl ether related to one another? How is the latter body obtained from the former? Explain the re-actions taking place during the change. How much ether can theoretically be obtained from 100 grammes of absolute alcohol? $C = 12, O = 16$.

Materia Medica, Medical Botany and Pharmacy No. 2.—1. Give the official source, the physical and chemical characters, and the chief impurities of magnesia. State its general effect on the system. 2. Enumerate the official volatile oils. From what plant and natural order is each derived? 3. Give an account of belladonna, including its source, the parts used, its preparations, and its general effects upon the system. 4. Indicate the official source, the physical and chemical charac-

ters, and the chief impurities of acetate of lead. State its general effects upon the system. 5. Enumerate the official mixtures, and mention the principal ingredients of each. 6. Give a list of the official gum resins and balsams. Refer each to its botanical source.

Practical Chemistry.—The solution contained phosphate of soda. The powder was sulphide of antimony.

Viva Voce in Materia Medica.—Shown specimens of senna, bircher and ura ursi leaves, different cinchona barks, opium, rhubarb, and oak bark. Asked—The different alkaloids of opium. Preparations, doses, and therapeutic action of morphia.

Medical News.

PASS LIST OF THE APOTHECARIES' HALL, LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, the 26th of February:—William Arnold, Manchester School of Medicine; Jem Blachford, London Hospital; Willim Hatch Cundell, St. Mary's; Septimus M. Hebblethwaite, St. Bartholomew's; Chas. B. Innes, St. Bartholomew's; James B. Sutton, Charing Cross.

VACANCIES.—Breon Infirmary—House Surgeon (unmarried). Salary, £100 per annum, with furnished apartments, &c. Applications, with testimonials, to the Secretary, on or before March 12th. Eastbourne Union—Medical Officer for No. 2 District. Salary, £85, with the usual extra fees. Applications before March 12th. Hospital for Infectious Diseases—Resident Medical Officer. Salary, £100, with board, &c. Applications immediately to the Chairman of the Health Committee, Town Hall, Boodle-cum-Linacre. Hull General Infirmary—House Surgeon. Salary, £105 per annum, with board, &c. Applications, with testimonials, to the Chairman of the House Committee, on or before March 10th. North Devon Infirmary, Barnstaple—House Surgeon. Salary, £100 a year, with board and lodging, &c. Applications, with testimonials, to the Secretary, before March 10th. Sussex County Hospital—Assistant Physician and Assistant Surgeon. Applications, with testimonials, to the Secretary, by March 25th. Tiverton Infirmary, Devon—House Surgeon. Salary, £100. Applications, with testimonials, to the Honorary Secretary, before March 14th.

APPOINTMENTS.—H. Cocks, M.B., C.M. Edin., Junior Assistant Medical Officer to the Norfolk County Asylum, Thorpe; H. Lockwood, M.R.C.S., L.S.A. Lond., House Surgeon to the Sheffield Public Hospital and Dispensary; W. J. Maurice, B.A. Oxon., M.R.C.S., L.R.C.P. Lond., Surgeon to the Reading Dispensary; S. Rooh, Deputy Surgeon-General, M.R.C.S., Medical Officer of Health for the Cheltenham Urban Sanitary District; J. G. R. Symons, L.R.C.P. Ed., M.R.C.S., Medical Officer to the Workhouse, Holsworthy Union.

UNIVERSITY COLLEGE, LONDON.—At the annual general meeting of members of the College, the following gentlemen were admitted as Life Governors:—Rev. Henry Allon, D.D.; Prof. Cassal, LL.D.; Prof. Berkeley Hill, M.B.; Prof. Lodge, D. Sc.; George Palmer, Esq., M.P.; R. S. Poole, Esq., LL.D.; Prof. G. Croome Robertson, M.A.; Prof. Schurman, D.Sc.; Right Hon. G. O. Trevelyan, M.P.; and R. Wormell, Esq., D.Sc.

ROYAL COLLEGE OF SURGEONS.—Professor Charles Stewart, M.R.C.S., will commence his course of three lectures on the "Structure and Life History of the Hydrozoa," in the theatre of the College on Monday next, the 2nd prox.; and on the following Monday he will be succeeded by Prof. Alex. Hill, M.B., M.R.C.S., who will deliver the first of three lectures on the "Grey Masses of the Cerebro-Spinal System, their relations to one another and to the Peripheral Nerves." These lectures will be delivered on Mondays, Wednesdays, and Fridays, at four o'clock each day.

THE FOURTH GERMAN CONGRESS FOR MEDICINE.—This meeting will take place at Wiesbaden from the 8th to the 11th of April next. The president, as usual, will be Professor Frerichs, of Berlin. Amongst the papers and subjects for discussion announced are—The Treatment of Corpulency, introduced by Drs. Ebstein and Henneberg; Bronchial Asthma, introduced by Curschmann and Riegel; Antipyresis, introduced by

Filehne, and Liebermeister; Hypnotics, by Liebreich; New Drugs by Binz (Bonn); Surgical Treatment of Asthma, by Hack; the Movements of the Stomach, Pylorus, and Duodenum, by Rossbach and others. The meeting cannot fail to be one of great interest, and of advantage to medical science.

Notices of Books.

DENTAL SURGERY FOR GENERAL PRACTITIONERS.*

The progress of modern practical science having raised the art of dentistry from the equivocal position in which it still stood in the memory of many of us, left, as it too often was, to unskilful and unskilled hands, to the legitimate status it is entitled to as a special branch of surgery, has extended the field of the surgical author's pen, to this *specialist*.

We have seldom seen a surgical work which has impressed us more favourably than Dr. Barrett's little manual, concisely arranged as it is in succinct chapters, free from the incumbrance of superfluous mechanical details, such as the fitting of teeth with gold, &c., but replete with an abundance of practical information of unquestionable utility to the student, who, in his future professional career, may find good reason to congratulate himself on having digested its useful pages. A considerable attraction of this work consists in the plentiful series of illustrations, well and faithfully executed, which are adjoined to it. We especially notice the illustration of the screw extractor, ably discussed in page 74, an admirable mechanical contrivance we readily admit; theoretically, but in all candour, speaking in a personal and professional sense alike, we should deprecate its application on either our patients or ourselves, as the process must clearly be of a very painful character, and we fear would be most unsatisfactory in its results, unless the patient be previously subjected to the action of an anæsthetic. The appliance delineated in page 76 seems, in our judgment, at once simple and easy of application. We cannot conclude so hasty a *critique*, due to limited space, without a few words of commendation of the "mouth-opener" depicted on page 77; the necessity for such an instrument to prevent sudden spasmodic closures of the mouth in such cases as those of hysterical young female patients, for instance, is obvious enough. Remembering, as we do, having heard a distinguished dentist (now unhappily passed away) express a doubt whether there were in existence a dog-fancier or game-keeper who had sustained more bitten fingers in his life, we only wonder professional ingenuity did not originate so useful a device generations ago. In this instance the structure is simple and strong, and its application easy. We presume the instances we have selected will induce an extended perusal of this excellent addition to Mr. Lewis' excellent practical series.

BODILY DEFORMITIES AND THEIR TREATMENT.*

The utility of the work now before us on the above-named subject, one of a series projected some time since, cannot be better recommended to the appreciation of the professional reading public than by recalling that it is the first of its kind dealing with Orthopædics from a modern standpoint. This gap in modern literature, we are happy to see, filled up by the publication of Mr. Reeves' excellent work. To name so experienced an orthopædist for its author, is sufficient praise in itself. Joint diseases, hare-lip, and many other surgical affections, which have hitherto encumbered the pages of similar works, intruding thereby on the subject proper from their sufficiently broad domains of general surgery, have been judiciously omitted, but a subject quite new to British surgery will be found in this book in the pages relating to spring finger, and paralytic dislocation, the corroborative pathology

*Dental Surgery for General Practitioners, by Ashley W. Barrett, M.B. (Land.), M.R.C.S., L.D.S., Dental Surgeon to the London Hospital. H. K. Lewis, 136, Gower Street, London, W.C.

*Bodily Deformities and their Treatment, by Henry Albert Reeves, F.R.C.S.E. London: H. K. Lewis, 136, Gower Street, W.C. 1885.

being exceedingly well developed. Among several salient points of note, we are especially struck with the description of a new and successful operation for nasal depression, coupled with very remarkable suggestions for another on the nasal bones. No less are we pleased with the nomenclature the author has given to the various aspects of Club-foot a great improvement on the old one. The chapter on deformities of the lower limb, well written, clear and concise throughout, is worthy of all commendation. Nearly all the illustrations are faithful reproductions of original photographs and drawings, taken from patients in the London Hospital. Should the whole of the remaining series, to be soon given to publicity, be of no less excellent a standard as this present work, we shall be able to congratulate Mr. Lewis on as admirable a success as the pens of such experienced and practical contributors to the same series can possibly bring to a professional press.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS, Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

NEW LOCAL SECRETARY.—Mr. W. McLean has been appointed Local Secretary for St. Bartholow's Hospital.

MR. BRATCHFORD (London Hospital).—Please accept our best thanks for your contribution to our columns.

COMMUNICATIONS, LETTERS, &c., [RECEIVED].—Dr. Aubrey Husband, Edinburgh; Dr. J. Brindley James, London; Dr. A. C. Maybury, London; Mr. Henry M. Smith, Halifax Nova Scotia; Mr. R. Unacke-Ronayne, Youghal; Mr. H. Allison, Dalston; Mr. K. C. Mackenzie, Glasgow; Mr. J. Hall-Edwards, Birmingham, &c., &c.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

WEST'S Guide to the Examination of the Chest, 3s., post free.

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BRODRUPST on Curvature and Diseases of the Spine, Third Edition; **Heather Biggs' Manual of Orthopraxy**, and **War-**

ington Howard's Treatise on Orthopædic Surgery; all good as new; the lot, 6s. 260

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WANTED, **Ringer's** Therapeutics, last edition. State lowest price possible, post free. 262

WANTED, last editions by **Erichson**, **Green**, **Guy**, and **Ferrier**; **Galabin**, or **Edis**, **Leishman**, **Playfair**, or **Meadows**. S., 9, Larkhall Lane.

FOR SALE, Microscope, by Hartnack and Prazmowski, Paris; with high and low powers, 9, 4, magnifying to 550-90 times respectively, with number 3 eye-piece, live box, Microscope lamp and Cardenting lens. No reasonable offer in money refused. Fair trial before purchase. c99

MICROSCOPE (Parkes's) $1\frac{1}{2}$ inch objectives, range 45 to 560 diam., good condition, in mahogany case, £2 15s. d1

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WANTED a second-hand Playfair's Midwifery, latest edition, cheap, and in good condition.—F. S., St. Clare, College-park, Lewisham, S.E.

BRISCHER'S Surgery, sixth edition, 2 vols., 10s. Leishman's Midwifery, second edition, 6s. Fairlie Clarke's Surgery, second edition, 2s. 6d. Green's Pathology, fourth edition, 4s. Kirke's Physiology, ninth edition, 5s. All post free; letters only, no calling.—Medicus, 32, Almorah-rd., Essex-rd., N.

WANTED, last Edition of Ringer's Therapeutics. State lowest price to Dr. Brown, Bacup near Manchester.

WANTED, Holmes' Surgery, Robert's Medicine, Latest Editions, also Laryngoscope and Ophthalmoscope. Address, C. F. W., 47, Jamaica Road.

Answers to numbered Advertisements to be addressed, under cover, care of Baillière, Tindall, and Cox, 20, King William Street, Strand, W.C.

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31st March, 1880.

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Extracts from unsolicited Testimonials.

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"In sedative power I find it superior to any other similar preparation, whilst the purified extract of opium which enters into its composition does not injuriously affect the head, as is so commonly the case after the administration of Chlorodyne prepared with Morphia."

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ARNOLD & SONS' NEW POCKET MEDICAL EMERGENCY CASE.

Containing Hypodermic Syringe, Needle, and six compartments for Discs and Perles.

Suggested by Dr. T. F. PEARSE, Liphook.

Vide THE LANCET, Feb. 24th, 1883; Vide BRIT. MEDICAL JOURNAL, March 17th, 1883.

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ARNOLD & SON, Instrument Manufacturers by Appointment to H.M.'s Government,
St. Bartholomew's Hospital, &c., 35 & 36, WEST SMITHFIELD, LONDON, E.C. Established 1819.**DR. J. COLLIS BROWNE'S CHLORODYNE.****IMPORTANT CAUTION.**From Lord Chancellor SELBORNE, Vice-Chancellor Sir W. PAGE WOOD, and the
LORDS JUSTICES OF APPEAL.

The extraordinary medical reports on the efficacy of Chlorodyne render it of vital importance that the public should obtain the genuine, which bears the words, "DR. J. COLLIS BROWNE'S CHLORODYNE" on the Government Stamp.

Vice-Chancellor Sir W. Page Wood stated that Dr. J. COLLIS BROWNE was undoubtedly the inventor of Chlorodyne, that the whole story of the Defendant Freeman was deliberately untrue.

Lord-Chancellor Selborne and Lord Justice James stated that the Defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

It was proved in Court, on affidavit by Mrs. Forbes, of Paris, that the testimonial published in the *Times*, November 14th, 1865, speaking of the great efficacy of Chlorodyne in Cholera, referred to Dr. J. COLLIS BROWNE's Chlorodyne, and that she never used any other; and she had written to the Defendant Freeman to that effect, notwithstanding which notice the Defendant publishes the said testimonial as referring to his medicine.The Editor of the *Medical Times*, in his report on Chlorodyne, January 13th, 1866, gives information that the Chlorodyne referred to was the medicine introduced by a retired Army Medical Officer, which was Dr. J. COLLIS BROWNE; still this is published by the Defendant as testimony to his medicine.

Numerous affidavits from eminent Physicians and others were produced in Court, stating that Dr. J. COLLIS BROWNE was the inventor of Chlorodyne, and that when prescribed they mean no other.

The Defendant himself publishes that his compound is, in effect and composition, quite different to any other preparation; nevertheless, he assumes the name, testimonials, &c., of Chlorodyne.

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Notes by the May.

ON Saturday last was published the first number of a new medical journal, written for the people, entitled *The Family Doctor*, and which is sold at the low charge of one penny. The new journal cannot be said to be of a highly technical character, being evidently written for the multitude, and may not unfairly be termed a cross between the *Police News* and the *London Reader*. On the title-page is an illustration intended to represent Sir William Gull, but Sir William will hardly feel flattered at the artist's attempt to reproduce his lineaments. As a portrait it must be pronounced a failure, although it is too much like nature to gain high commendation as a caricature. I asked the shopkeeper who sold me the paper, what he thought of the portrait, and he said, in his opinion Sir William Gull might proceed against the publisher for libel, in putting the illustration before the public as a portrait. The expression is anything but pleasing, and gives one the idea that it was taken at a time when Sir William was suffering from colic, or soon after taking a dose of very nauseous medicine. Those who are fond of the dreadful are treated to an article (illustrated), on human monsters, largely drawn from the great work of Ambrose Paré, but whose name is given in three places as Ambrose Pavé. In the advertisement columns, quack medicines are freely advertised. The new venture may be a success, but I cannot quite believe that the public are sufficiently interested in physic to support a paper of this kind.

I learn from a Liverpool correspondent that an old friend of mine, Dr. J. J. Pope, has been delighting the Liverpoolians with a most amusing and instructive lecture, entitled "Ourselves; long life to us; why not?" A local newspaper winds up its report of the proceedings as follows:—"The lecture was so thoroughly enjoyable, and proved to be so great a success, that it is to be hoped Dr. Pope will soon again be induced to give his many Liverpool friends the benefit of his wide knowledge and the instructive and amusing method of conveying it."

In the Liverpool Bankruptcy Court a few days ago, a receiving order was granted against Ethens de Tomanzie, who is well known in Liverpool as "the Indian Doctor." Tomanzie was recently prosecuted for practising with an Indiana diploma, and it is said that the costs incurred have led to his present financial difficulty.

On Monday last John Aldred, Rebecca Nichols, and Ann Flinn, were charged on remand at the Ashton-under-Lyne Police Court with the wilful murder of Fanny Whittle, lately a barmaid in the service of the prisoner Aldred, at the Navigation Inn, Hyde. The allegation is that the deceased became *enceinte*, and that the prisoners Nichols and Flinn performed an operation. The prisoners were committed for trial at the assizes. The magistrates agreed to take bail for Aldred, and fixed the amount

at £2,000. It is very strange that abortionists do not take warning by the severe punishment which has overtaken so many of their order lately.

I hear that Dr. Derry Jones, of Islington, who died recently, and whose obituary notice appeared in the *Lancet* a few weeks ago, has left the sum of eight thousand pounds to University College Hospital, at which institution he pursued his medical studies. It is not often that one has to record such a practical token of goodwill towards one's *alma mater*.

It is most satisfactory to find that the ante-vivisections were overwhelmingly outvoted in Convocation at Oxford University on Tuesday, in the attempt to negative the proposal to grant £500 annually, for three years, to defray the working expenses of the newly-erected Physiological Laboratory. The opposition was aimed at Dr. Burdon Sanderson, the Physiological Professor, who is most objectionable to the anti-vivisections. However, Convocation decided to allow the grant, by 412 to 244, thus ensuring efficient physiological teaching for three years at least.

In this week's *Medical Press and Circular*, the wife of a medical man gives a very interesting account of the Mrs. Doctor Potts' lectures at St. James's Hall. Describing one of the lectures to "Ladies Only," she writes:—"After apologising to any who might object to her touching such things, Mrs. Potts brought forward a female pelvis, with a few lumbar vertebræ and the heads of the femora attached, and proceeded to explain the different parts, and the meaning of their names. She said it was so much better, instead of having to tell a doctor that you had 'a sore haunch,' to say that you had a pain in the ilium, or pains in the ilii (sic); a pain in the pubic region was much more intelligible than 'a pain low down.' Women have so many 'low downs!' The sacrum, she said, got its name from the word 'sacred,' being one among the sexual parts worshipped in ancient religions. She brought in the subject of sex worship, with details which could be useful to no one present, and which might be hurtful to many. Then, again, in saying how important it was that a woman's pelvis should be large, she told how three young girls had come to her to see 'if they were big enough to get married.' Two were satisfactory, but the third was very slender, and was distressed because she thought she might not be married. Mrs. Potts, however, consoled her by telling her it depended on the size of the man she chose. She should not marry a man with broad shoulders, thick neck, &c. 'But what if I am engaged to a big man?' asked the girl. 'Ah! then I am afraid you will sacrifice yourself; but girls should remember that life is precious, and should hesitate to throw it away.' Mrs. Potts hoped mothers would not mind their daughters hearing anything she said, as it was right that they should know all these things, and if there were any present who had not attained to womanhood, why, it was not her fault." How Mrs. Potts determines whether young ladies "are big

enough to get married" is not explained, but I should imagine she would require to make a digital vaginal examination, or introduce some kind of instrument. A young lady must be made of rather curious stuff, to submit to examination by another woman, with a view to determine whether she was "big enough" to engage the attentions of a husband. Still the matter is of such importance, that one can overlook a little anxiety on the part of a young lady to have this point cleared up. I must, however, question Mrs. Potts' discretion and good judgment in advising young ladies to pay very particular attention to the "size" of the gentlemen they think of marrying. This is a matter which cannot be satisfactorily settled by means of gauge, square, and compasses. My advice to the girls, and I claim to know as much about it as Mrs. Potts, is to be guided by instinct, and they will rarely have cause for regret.

PERIPATETICUS.

Original Papers.

NOTES ON ANATOMY.

By G. M. DARTNELL, L.R.C.S., &c.

(Continued from page 60.)

EXTERNAL CUTANEOUS NERVE (MUSCULO-CUTANEOUS).

Origin.—Outer cord of brachial plexus.

Course.—It commences opposite the lower border of the pectoralis minor muscle, and at first lies to the *outer* side of the median nerve and the axillary artery and vein. It then pierces the coraco-brachialis muscle, and passes down *between* the biceps and brachialis anticus, becoming cutaneous at the outer side of the biceps tendon at the bend of the elbow, where it is placed *beneath* the median cephalic vein, and divides opposite the elbow into two branches.

Branches.—*Anterior*.—Descends along the radial border of the *front* of the forearm to the wrist, where it is in *front* of the radial artery, and accompanies that vessel to the back of the wrist. It communicates with the radial nerve, and distributes filaments to the integument of the ball of the thumb.

Posterior.—Arises about the middle of the forearm, and descends along the radial border of the *back* of the forearm to the wrist. It communicates with the radial and external cutaneous branch of musculo-spiral nerve, and supplies the integument of lower third of forearm. An arterial twig, which accompanies the radial artery to the wrist, and distributes filaments to the *synovial* membrane of the joint, is given off at the lower third of the forearm.

Supplies.—Biceps, coraco-brachialis, brachialis anticus, and the integument of *outer* side of forearm and hand.

INTERNAL CUTANEOUS NERVE.

Origin.—Inner cord of brachial plexus.

Course.—Is placed at its commencement on the *inner* side of the brachial artery. It passes down the *inner* side of the arm and pierces the deep fascia *with* the basilic vein about the middle of the limb, where it becomes cutaneous and divides into two branches.

Branches.—*Anterior*.—Passes usually in *front* of the median basilic vein, and descends on the anterior surface of the ulnar side of the forearm as far as the wrist, where it communicates with a cutaneous branch of the ulnar nerve.

Posterior.—Passes obliquely downwards on the *inner* side of the basilic vein, and winds over the internal condyle of the humerus to the back of the forearm and descends to the wrist, anastomosing *above* the elbow with the lesser internal cutaneous nerve, and *above* the wrist with the dorsal branch of the ulnar nerve.

Supplies.—Integument of front of arm and ulnar side of the forearm.

EXTENSOR INDICIS MUSCLE.

Origin.—Posterior surface of the shaft of the ulna below the origin of the extensor secundi internodii pollicis, and from the interosseous membrane.

Insertion.—Into the second and third phalanges of the index finger.

In Front.—Extensor communis digitorum, extensor minimi digiti, fascia of forearm, posterior interosseous artery and branches of posterior interosseous nerve.

Behind.—Ulna, interosseous membrane, radius, the wrist, metacarpal bone of index finger.

Nerve.—Posterior interosseous.

Action.—Extends the index finger.

INTEROSSEOUS ARTERIES AND NERVES.

Anterior interosseous artery—a branch of ulnar interosseous artery.

Posterior interosseous artery—a branch of ulnar interosseous.

Anterior interosseous nerve—a branch of median nerve.

Posterior interosseous nerve—a branch of musculo-spiral nerve.

Note.—A ganglion may be found on the articular branch of the posterior interosseous nerve to the wrist.

RECURRENT ARTERIES OF FOREARM.

The two ulnar recurrents anastomose with the anastomotica magna and *inferior* profunda branches of the brachial artery. The radial recurrent anastomoses with the *superior* profunda branch of the brachial artery. The *interosseous* recurrent artery is a branch of the posterior interosseous and joins the anastomotica magna, &c. The posterior ulnar recurrent is larger than the anterior.

THE CARPAL ARTERIES.

The anterior carpal arteries of both radial and ulnar arteries anastomose with one another, as do also the posterior ones. The anterior and posterior carpal

of the ulnar arise in the wrist; the radial anterior carpal arises in the forearm, the posterior carpal in the wrist.

THE NUTRIENT ARTERIES.

Humerus.—The nutrient artery of the humerus arises from the brachial artery, and enters the foramen on the inner side, about the middle of the bone, and is directed downwards *towards* the elbow.

Radius.—The nutrient artery of the radius is derived from the anterior interosseous branch of the ulnar interosseous artery, and enters the foramen at the junction of the upper and middle thirds of the anterior surface of the radius, and is directed downwards *towards* the elbow.

Ulna.—The nutrient artery of this bone is also derived from the anterior interosseous branch of the ulnar interosseous artery, and enters the foramen at the junction of the upper and middle thirds of the anterior surface of the bone, and has also a direction downwards *towards* the elbow.

RADIAL, MEDIAN, AND ULNAR NERVES COMPARED.

Radial nerve supplies $3\frac{1}{2}$ fingers on dorsum of hand. Ulnar nerve supplies $1\frac{1}{2}$ fingers on dorsum of hand. Median nerve supplies $3\frac{1}{2}$ fingers on palm of hand. Ulnar nerve supplies $1\frac{1}{2}$ fingers on palm of hand.

Note.—The median nerve enters the forearm *between* the two heads of the pronator radii teres; the ulnar nerve *between* the two heads of the flexor carpi ulnaris.

THE WRIST JOINT.

In Front.—Radial artery, the tendons of the flexor longus pollicis, flexor carpi radialis, palmaris longus, flexor sublimis, and flexor profundus digitorum, median nerve, ulnar artery and nerve, flexor carpi ulnaris.

Behind.—Extensors carpi radialis longior and brevior, extensor secundi internodii pollicis, extensor communis digitorum, extensor indicis, extensor minimi digiti, and the extensor carpi ulnaris.

Outer Side.—Tendons of the extensor ossis metacarpi and primi internodii pollicis; the radial nerve.

Arteries.—Anterior and posterior carpal branches of radial and ulnar arteries, the anterior and posterior interosseous, and ascending branches of the deep palmar arch.

Nerves.—The nerve supply is derived from the ulnar nerve.

Note.—This joint is regarded as an *arthrodia* (gliding movement), though it presents some characters of an *enarthrodial* (capable of movement in all directions) joint. Its movements are flexion, extension, abduction, adduction, and circumduction, but *not* rotation.

LIGAMENTS OF ELBOW JOINT.

Anterior.—A broad and thin fibrous layer, attached *above*, to the front of the humerus, immediately above the coronoid fossa;

below to the anterior surface of the coronoid process of the ulna, and to the orbicular ligament.

In Front.—Brachialis anticus muscle.

Behind.—The synovial membrane.

Posterior.—Is attached *above* to the lower end of the humerus, immediately above the olecranon; *below*, to the edge of the olecranon process of the ulna.

In Front.—The synovial membrane.

Behind.—Tendon of the triceps and the anconeus.

External Lateral.—Is attached *above*, to the outer condyle of the humerus; *below*, to the orbicular ligament of the radius.

Note.—This ligament is blended with the tendon of origin of the supinator brevis muscle.

Internal Lateral.—Anterior Portion.—Is attached, *above*, to the front part of the internal condyle of the humerus; *below*, to the inner margin of the coronoid process of the ulna.

Posterior Portion.—Is attached *above*, to the lower and back part of the internal condyle; *below*, to the inner margin of the olecranon process of the ulna.

Note.—Both portions of this ligament are of triangular form, the apex in each case being above and the base below.

Medical News.

VACANCIES.—Burton Dispensary—Dispenser. Salary, £80 per annum. Applications to Mr. Allen, 69, Branstone Road, Burton-on-Trent. Chester General Infirmary—House Surgeon. Salary, £80 per annum. Applications by March 28th. Colonial Hospital, Fiji—Dispenser. Salary, £150 per annum. Applications to Mr. R. Bremridge, 17, Bloomsbury Square, W.C. East London Hospital for Children, Shadwell, E.—Resident Clinical Assistant. Applications by March 19th. General Infirmary, Hull—House Surgeon. Salary, 100 guineas per annum. Applications to the Chairman of the House Committee by March 21st. Halifax Infirmary and Dispensary—Junior House Surgeon. Salary, £50 per annum. Applications by March 26th. Hospital for Infectious Diseases, Bootle-cum-Linacre—Resident Medical Officer. Salary, £100 per annum. Applications to the Chairman of the Health Committee, Town Hall, Bootle-cum-Linacre. Littlemore Pauper Lunatic Asylum, near Oxford—Resident Assistant Medical Officer. Salary, £100 per annum. Applications by March 15th. National Dental Hospital and College, 149, Great Portland Street—Lecturer on Dental Materia Medica. Applications by March 20th. New Ross Union—Medical Officer. Fethard, No. 1 Dispensary. Salary, £115 per annum and fees. Applications to James Neill, Honorary Secretary, Arthurstown. Election on March 16th. Parishes of Westray and Papa Westray, Orkney—Medical Officer, Public Vaccinator, and Officer of Health. Salary, £82 per annum. Applications to J. Scott, Inspector of Poor, Westray-by-Kirkwald, by March 25th. Portsmouth Lunatic Asylum, Milton, near Portsmouth—Assistant Medical Officer. Salary, £120 per annum. Applications by March 16th. Provident Medical Institute—Medical Officer. Salary, £150 per annum. Applications to the Secretary, 4, Bath Street, Bath, by March 17th. Royal Albert Hospital, Devonport—Assistant House Surgeon for six months. Applications by March 17th. St. Peter's Hospital for Stone and Urinary Diseases, etc., Henrietta Street, Covent Garden—House Surgeon for six months. Honorarium 25 guineas. Applications by March 21st. St. Marylebone General Dispensary, 77, Welbeck Street, Cavendish Square. Honorary Physician. Applications by March 23rd. St. Mark's Hospital for Fistula, etc., City Road, E.C.—Hono-

rary Surgeon and Honorary Assistant Surgeon. Applications by March 19th. Sussex County Hospital—Assistant Physician and Assistant Surgeon. Applications by March 26th. Tiverton Infirmary, Devon—House Surgeon. Salary, £100 per annum. Applications to the Honorary Secretary, Old Blundells, Tiverton. Ventnor Consumption Hospital—Clinical Assistant. Applications to Dr. Coghill, St. Catherine's House, Ventnor. West London Hospital, Hammer-smith—Assistant Surgeon. Applications by March 30th.

PASS LIST OF THE APOTHECARIES' HALL, LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, the 5th of March, 1885:—Richard Emmett, St. George's Hospital;—Geo. Arthur Ferdinand Inman, King's College; Arthur Charles Edward Parr, King's College.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

The Hospital Gazette.

SATURDAY, MARCH 14, 1885.

EDITORIAL AND PERSONAL.

THE very decided expressions of opinion adverse to the excessive requirements of the University of London, in respect to its M.B. degree, which have found utterance in numerous quarters of late, have had the effect of drawing from Prof. Ray Lankester a letter on the subject, which, although by no means so intended by its author, very triumphantly vindicates the claims of those who urge the indefensible nature of the tax thus laid upon the time of medical students. Mr. Lankester is very solicitous concerning the "poor boys" who are "ploughed" again and again at the preliminary scientific examination, and charges their non-success against the inefficiency of their teachers and the limited period of time spent in preparing for the ordeal. He is, further, most severe in condemnation of the "false and worse than useless teaching in these three subjects," (chemistry, physics, biology) "which is given at different hospitals for a fee of eight guineas. "Good teaching," the learned professor continues, "cannot be given for less than four times that fee," so that the aspiring student of the future, who fixes his aims on the M.B. Lond., will be mulcted, under Professor Lankester's regime, in an additional tax of *thirty-three pounds, twelve shillings*, over and above the usual hospital and graduation expenses, ere securing the coveted title. Could any possible argument point more strongly than this to the absolute necessity for insisting either that London University shall be made what it is only in name, or that it shall give way to an institution, in the government of which common sense and a knowledge of the needs of the time shall have some sway.

PROF. LANKESTER, in the letter referred to, and which appears in the *British Medical Journal*, of last Saturday's date, does not confine his strictures to the deficient and too cheap instruction against which his

lash is directed; but, pitiless man that he is, does "not hesitate to pronounce those classes to be a disgrace to the institutions which advertise them, and a nuisance to the community." Now, what is to be done? Can St. Bartholomew's, Guy's, the London, and St. Thomas's hospitals survive this terrible affliction, for each and all come within the category thus succinctly described? Moreover, lest they should by chance be led to ignore the voice of the indignant professor, they are threatened with mysterious terrors, as is evident from this sentence in Mr. Lankester's letter:—"I warn any who may think of defending them, that I have full and curious details of the so-called successes claimed by some of them, which are highly significant." This is really awful!

PROF. LANKESTER has, however, done good service by publishing his letter, though, probably, not wholly in the way in which he intended. He has shown conclusively that the time and expense involved in passing the preliminary scientific examination, constitute a tax that medical students cannot be called on with justice to make; the expenditure of twelve months of time, and of thirty-two guineas in money, over and above all the other necessary outlay incident to qualification, place the qualifying body demanding them outside the pale of sympathy in its present distressed position. Of course, Mr. Lankester cannot be expected to regard this question from the point of view of a medical man, since he is not a member of the profession; and it is easy to understand also that so eminent and learned a biologist as he is, must feel dissatisfied with anything less than competent knowledge in those whom he is required to examine in the subject of his own especial study. His opinion, therefore, on the question how far a medical student ought to present the many-sidedness of a physicist, chemist, and naturalist, is little material to us, except in so far as his influence is exerted in enforcing too severe a standard in the examinations he conducts. As we have said, we are glad to see his letter, because it is the most decisive, though unintentional, blow yet struck against the excessive preliminary scientific M.B. examination.

DR. FOX, Medical Officer to the Nantwich Union, has reported a serious outbreak of typhoid fever at the workhouse. No fewer than 16 paupers were attacked with the disease. There are five in the house at the present moment under medical treatment. There are, also, two cases of scarlet fever in the workhouse.

THE Croonian Lectures of the College of Physicians of London commenced on Tuesday, and will be continued on March 17, by Dr. Hermann Weber, on the "Hygienic and Climatic Treatment of Consumption."

THE Examiners of the London Apothecaries' Hall have recently passed a resolution, calling the attention of the Deans of the Medical Schools in London and the Provinces to the fact that the students who have lately presented themselves before

the Court of Examiners have shown, when examined on recent morbid and microscopical specimens, very insufficient knowledge of the subject of morbid anatomy and pathology.

A "PUZZLED Querist," writing to the *Medical Press and Circular*, says:—"Having a somewhat peculiar case under my care, I wish to elicit an opinion thereon. It is this:—I have a near friend, a female patient, about 33 years old (unmarried), who suffers from a unique complaint. As she sits, walks, or stands, there is a croaking of wind in the colon. I can compare it to nothing except the noise made by a regiment of frogs, or sundry distant explosions of firearms. I have advised a well-regulated diet, and I have given as medicine bromide of potassium, bicarbonate of potash, tincture capsici, tr. nucis vomica, tr. aconiti (Fleming's), and chlorodyne. Whether she does not progress with the medicine, or not, is a question, as some patients in their wisdom expect a single dose of medicine to cure any ailment, no matter of what duration or what gravity. At any rate, I wish to elicit an opinion from some brother practitioner who may have come across a similar case, as to its probable nature and suggested treatment." Perhaps some of our readers can suggest a remedy for this peculiar condition.

On the 4th inst. the annual court of the Seamen's Hospital Society (late Dreadnought), was held at Willis's Rooms, the Right Hon. the Earl of Dalhousie in the chair. The number of patients under treatment in the hospital was 1,751 in 1884, as compared with 2,428 in 1883; and the number of out-patients relieved was 7,360 in 1884, as compared with 5,894 in 1883. The number of patients who were treated at the Well Street Dispensary during 1884 was 4,066. Since the 8th November last, the hospital has been partially closed to patients, owing to the alterations which are going on in connection with the thorough revision of the drainage system of the hospital.

On Friday week last, M. Quinet, a physician at Gilly, in Belgium, waylaid, in the Boulevard Hausmann, Paris, a clerk named Bayotte, and fired two barrels of a revolver at him. Bayotte fell, and is not expected to survive. Quinet offered no resistance to the police who came up, and stated that he arrived in Paris on the previous night on purpose to kill Bayotte, his wife having eloped with the latter.

THE Luton Board of Guardians on Monday decided, by a majority of two, to grant the application of Professor Macalister that unclaimed bodies of paupers should be sent to Cambridge University Medical School for anatomical examination before burial. The subject had already been twice discussed, with an adverse result to the application: but the majority now pleaded that the concession was in the interests of medical science.

THE Salvation Army has been thrown into a condition of bewildered dismay by the unhesitating manner in which the real nature of "faith healing"

has been described in the *Medical Press and Circular*. This organ of medical opinion is always prompt to expose abuses as they affect the profession, but it has rarely performed more useful work than that lately achieved by it in publishing a long communication on the cases "healed" by faith at Hanley, and which was written by Mr. W. D. Spanton, after careful examination of many of the "cured." As could have been anticipated, the result is to show the delusive nature of the improvements effected under intense emotional excitement, and the re-publication of Mr. Spanton's article, together with the editorial comments made on it by the *Medical Press*, in every important paper in the country, will prove a wholesome correction to the mawkish sentiment aroused by the self-styled "majors," "captains," and other professors of salvation. These now threaten to publish investigations of their "cures" by "godly surgeons," and it will be most interesting to learn the names and claims of the gentlemen who may be thus induced to ally themselves with "faith healers" of the time. To Mr. Spanton, thus indirectly labelled "ungodly," we offer our sincere sympathy, and trust that he may survive the infliction. We have long been accustomed to hear him spoken of as "Corkscrew" Spanton, in reference to his admirable method of treating hernia radically; but to be dubbed "ungodly," and that too by "officers" of the Salvation Army, why the thing is "quite too awfully dreadful."

WHAT is known as the Durham Nullity Suit, being the petition of the Earl of Durham for a divorce, on the ground of his wife's insanity, has occupied the attention of the legal world for more than a week, and was concluded on Tuesday last, by the pronouncement of a judgment dismissing the application. It was sought to be proved that Lady Durham was of unsound mind at the time of her marriage with the petitioner, but although there was abundant evidence to show that she was of a retiring disposition, and was averse to such marriage, still no sufficient proof of insanity, until subsequently to the wedding, was adduced, and the result of the trial was as above stated. A goodly amount of medical testimony was heard, mostly *in camera*, the chief professional witnesses being Dr. Matthew Duncan and Sir William Gull. It is impossible to regard the termination as being less than entirely satisfactory, considering the important interests involved; not merely as concerning the parties immediately named, but also and chiefly in relation to the precedents thus afforded for guiding future decisions.

UNIVERSITY DEGREES FOR LONDON STUDENTS.

By J. BRINDLEY JAMES, A.K.C.Lon., M.R.C.S.

THE rapidly-increasing interest in the important question of the accession to University Degrees of the student-world of London, has already called forth many suggestions from various quarters; and it is obvious that the unjust anomaly of medical degrees being rendered by vexatious restrictions all but inaccessible to the bulk of medical men who have very naturally selected the vast hospitals and splendid schools of London for the study of medicine, needs only to be well-known in order to awake a desire for its removal, even in those who are more or less responsible for its prolonged continuance. Possessing, as we have just pointed out, a collection of emulatory

schools of medicine, *unique* among all other great cities, it is evident that London offers the votary of surgical or medical science the finest field of study, the broadest scope for acquiring knowledge and experience in every department of his profession. It follows as a natural sequence that the number of medical students in the metropolis exceeds, and will no doubt continue to exceed, that in another centre of study. But the conditions of residence for several years exacted by most of the Universities, and the inordinate demands for sacrifice of time, labour and research on *non-professional* subjects, entailed by the stringent matriculation and preliminary scientific examinations of the London University, debar the greater number of London medical men from ever attaining what ought to be, virtually, the legitimate goal of every conscientious, able and laborious practitioner—the degree of M.D. Indeed, the second of these two impediments just named, is by far the more serious of the two. Glasgow, Edinburgh, and several other Universities, are more attainable to the London student, who can make arrangements to complete his curriculum, or reside at its completion for the requisite period, at the University itself; but the fatal error of devoting the *earlier* years of study—the most critical period in the young practitioner's career, on the good or bad use of which the whole of his after-success in life really depends—to mathematics and other non-professional sciences, with a view to passing the London preliminary ordeals, has been the ruin of many; wearying their energies, perhaps, by repeated failures in matters absolutely irrelevant to their calling, and completely spoiling the order and method of their studies. A very few talented men, with exceptionally strong brains, may work the two branches of study, medical and non-medical, simultaneously; but how few, even among fairly intelligent and laborious students, are thus exceptionally gifted! The consequence is that the northern Universities have practically become the London student's *Alma Mater*, while that of London confers its arduous but rare honours on but very few of their number. "*Dura Mater*" would be, in our opinion, a fitter designation for an University which, while demanding an exceptionally strong strain on the organ with which this professional term is connected, makes no provision for the tuition of the numerous *alumni* clustered round her, to whom she is simply an examining board, and nothing more. The able debate which this view of the question called forth at the recent meeting of the Metropolitan Counties Branch of the British Medical Association, some important practical resolutions. One especially is worthy of the utmost attention—that failing to obtain concessions from the Senate of the London University, steps be taken, in conjunction with the Royal Colleges of Physicians and Surgeons to facilitate London medical students obtaining Degrees in Medicine. If carried out in a proper spirit, this resolution will not in any way tend, as many persons may at first imagine, to hostility towards the London University, or depreciation of its not readily granted, and hence all the more valuable, distinctions, as we will endeavour to show.

The advantages of the course we ourselves incline to recommend in furtherance of this object, and which we will endeavour to demonstrate, were ably expressed by our distinguished and talented *confreres*, Dr. Sansom, at the meeting we have named. This gentleman advocates a medium course—in our judgment an admirable one—viz., the institution of a Royal Medical University of England, exclusively belonging to the Medical profession, empowered to grant degrees therein, and in no other department of science or profession, and affiliated by its proximity with the Medical Schools of the metropolis, which would stand in relation to it as the various Colleges of Cambridge stand to the time-honoured University. The amalgamation of the Royal Colleges of Physicians and Surgeons of England, and their constitution into a Royal Medical University, conferring Medical degrees only, might be suggested as a scheme for its formation—as, also, Dr. Sansom's acute and practical suggestion for the creation of a degree of "Doctor of Medicine and of Surgery"—M.S.D. or M.D.S., akin to that conferred by foreign faculties. And the example of Continental Medical degrees may serve to demonstrate our assertion, that the creation we so warmly advocate, would in no way depreciate the value of the existing London degrees. The Medical faculties of Paris and of Montpellier are empowered to grant the joint degree of "*Docteur en Médecine et en Chirurgie*," independently of the University of France, and,

naturally, irrespective of its degrees in Law, Literature, &c. The existence of an exclusively Medical University need in no way interfere with the University of London, nor extinguish its existing degrees of M.D. and M.B., which would remain a higher distinction for professors, medical men of exceptional merit and talents, &c. We are inclined to think the M.D. of London would thus be highly enhanced, far from being depreciated in any way.

The existing confusion and uncertainty relating to medical titles is truly lamentable. While common consensus seems to point to the term "Doctor" as the natural professional distinction for the votary of Medicine—akin to the prefix of "Reverend" for the religious minister—a fortunate few, after exceptional labours and sacrifices, are legally entitled to such a distinction, perhaps earned but late in life; many more are thus styled by courtesy alone; while a still larger number, second to none in ability, zeal, and experience, are not entitled to it at all, and never can hope to be, however deserving of the distinction. We do not propose in any way (we cannot repeat it too often) the extinction of any existing University Degree; nor do we wish to see the present standard of examination of the London or any other University relaxed. Render them, as Dr. Sansom remarks, more stringent and searching still, if you wish—they will be all the more honourable to obtain; but let there be at least an exclusively Medical degree, fairly (we do not say too readily) accessible to all practitioners of average ability, and fair experience and knowledge. The present discrepancies in professional status and precedence will thus disappear; an honourable and distinctive social designation will be established for the profession; and the well-merited guerdon of Academic honours will no longer prove inaccessible to the able, laborious, and experienced practitioner, unable to spare the time and expenditure demanded under present conditions; while the existing degrees, enhanced in value, will remain exceptional distinctions for exceptional merit, the average practitioner not being required to perhaps injure his practically professional capacity by an over-strain of brain-power, to be expected from unusually talented men alone.

We earnestly commend these considerations to the thoughtful perusal of the whole Medical public; and we feel fully confident that the unanimous verdict respecting the advantages which will accrue from the establishment of such an exclusively Medical University as we advocate, will prove in the highest degree conducive to the interests of the profession, of the existing Universities, and of the public at large, in whose interests the profession exists.

University, College, and Hospital Intelligence.

EDINBURGH.

STUDENTS' SMOKING CONCERT.—Under the auspices of the Edinburgh University Students' Representative Council, a smoking concert for students was held on Saturday, the 28th ult., in the Oddfellows' Hall, and was largely attended. Professor Muirhead occupied the chair, and Professors Dickson and Geikie were also present. The hall presented a very animated appearance. Long tables had been run up the area, and at each side of these the students were seated, as also in the benches in the gallery. Nearly all in the place were smoking, and apparently enjoying themselves to the full. An excellent musical programme was provided, the performers being students. Songs were rendered in a first-rate way by several gentlemen, and others contributed to the entertainment by violin and pianoforte solos. In the interval, "*Alma Mater*" and "*Gaudeamus*" were sung by the whole company, upstanding, the latter with splendid effect.

EVANGELISTIC WORK AMONG STUDENTS.—A few evenings ago, an evangelistic meeting for students was held in the Oddfellows' Hall, Forrest Road, under the presidency of Professor Simpson. The chief event of the evening was the delivery of an address by Sir William Muir, the Principal of the University. He said, it should be the first and the chiefest object of their lives to secure the one thing needful—this the only good part that could never be taken away from them. This religion

of Jesus Christ imparted a manliness to those who adopted it—bringing them into truer relation with their Maker, themselves, their future life, and those about them. There was nothing which imparted a greater purpose, nerve, or power to their character than the adoption of the Christian faith, and the following of it out with purpose of heart. He would warn them that, while they must not be slothful in business, they must be fervent in spirit—this matter must be with them first in time, and first in attention. Jesus said, "Seek ye first the kingdom of God, and His righteousness, and all these things shall be added unto you." Those who had already adopted the Christian religion, he exhorted to let their moderation be known unto all men. The Christian should be the highest type of man and gentleman, because he did not please himself. He should let nothing be an offence to the world around, in respect of his Christian life; there should be nothing in his conduct narrow, bigoted, and offensive to anyone about him; but, on the other hand, he should let his light so shine, that all should take knowledge of him that he had been with Jesus. The Principal closed with the benediction of Moses—"The Lord bless you, and keep you; the Lord make His face to shine upon you, and be gracious unto you; the Lord lift up His countenance upon you, and give you peace."

ROYAL LONDON OPHTHALMIC HOSPITAL.

ANNUAL MEETING.—The annual general meeting of the Governors of the above Institution was held at the Hospital, in Moorfields, on Tuesday last, Mr. Robert J. Lodge presiding. In their report, the Committee of management stated that the progress of the Hospital as an institution for relieving the suffering poor afflicted with eye disease had continued to advance, and that the number of persons admitted as in-patients had exceeded that of previous years, the number treated being 2,028. In 1883, the beds occupied were 27,690, in 1884, there were 31,564. The number of out-patients treated was 23,568; the attendances being 117,840. The total receipts for the year amounted to £8,024, which included—annual subscriptions, £758; donations, £2,741 (inclusive of the legacies). The expenditure amounted to £6,767, but the liabilities outstanding amounted to £1,311, so that the expenditure was largely in excess of the ordinary receipts. The Committee, in conclusion, earnestly appealed to those who had the means, and who themselves valued the inestimable blessing of sight, to help them, by their contributions, in supporting this most useful charity.

GLASGOW.

INTER-UNIVERSITY GYMNASIUM COMPETITION.—This competition between teams representing Edinburgh and Glasgow, came off on the 6th inst., in the Gymnasium at Glasgow University. Each team consisted of four men. The result was a victory for the home team, their score being 296 marks, while that of the visitors was 266. The scores were as under:—

<i>Edinburgh University.</i>		<i>Glasgow University.</i>	
W. S. Macgregor ..	68	J. C. Duncanson ..	77
R. Haig ..	65	A. J. Hutchison ..	76½
J. C. Sandeman ..	64½	T. B. Dunn ..	75½
R. L. Booth ..	58½	R. J. Miller ..	67

Total 266

Total 296

The umpires were:—For Edinburgh University, Mr. G. C. Cathcart; for Glasgow, Mr. E. C. Miller; while Mr. Benson acted as referee.

FOOTBALL.—GLASGOW UNIVERSITY v. 1ST L. R. V. (RUGBY).—This match was played at Burnbank Ground on Saturday last, and resulted in a victory for the University by one try to nil. The play was close throughout the game, and a few good "runs" were made by either side. The College team scored a "try" at the commencement of the game, which was the only point made.

RESIGNATION OF PROFESSOR BALFOUR.—It is with great regret that we hear that Professor Balfour has resigned the chair in botany, which he has occupied since 1879.

LIVERPOOL.

THE DENTAL HOSPITAL.—Last week His Worship the Mayor visited the hospital, Mount-pleasant, and was received by Mr. Alderman Grindley (the chairman), and the following mem-

bers of the committee and hospital staff:—Dr. Samuel Kisch, Dr. R. H. D. Johnson, Major R. E. Stewart, Lieutenant-Colonel Swainson, Messrs. T. W. Oakshott, C.C.; J. G. Jacob, J. Tarbuck, T. F. Austin, D. Campbell, J. Cobham, J. N. P. Newton, L.D.S. Eng. D.D.S.; F. Rose, L.D.S., R.C.S. Eng.; E. A. Councell, L.D.S. Eng.; C. T. Stewart, T. F. Bakell (hon. treasurer), and W. L. Jackson (hon. sec.). His Worship, after inspecting the hospital, expressed his satisfaction with the arrangements, and said he had no doubt that the new branch about to be opened in the north district would prove of great usefulness. His Worship then presented a donation as life governor, which was acknowledged by the Chairman, who, after thanking his Worship also for his visit of inspection, proceeded to state that premises for the new branch had been taken in Great Mersey-street, which would very shortly be properly fitted up and opened, and that already special donations had been made towards its establishment, amounting to nearly £50.

Examination Questions.

APOTHECARIES' HALL.

The written questions set at the Primary Examination on Wednesday, March 4th, were of the following character.

Anatomy and Physiology.—1. Describe the subcutaneous blood vessels, nerves and lymphatics of the lower limb and the saphenous opening in the fascia lata. 2. Give an account of the structure and relations of the bladder and prostate gland. 3. Describe the cavities of the heart and the valves, with their openings, of this organ. 4. Describe the structure and characters of serous and mucous membranes. 5. Mention the chief nervous ganglia, describing their structure and functions. 6. Give an outline of the chemical composition of urine, and the average quantity passed in 24 hours.

Chemistry.—7. By what chemical tests can you prove that a calculus consisted of *a. uric acid, b. oxalate of lime, c. phosphate of lime and magnesia*. 8. Describe the mode of preparation and the properties of chlorine gas and hydrochloric acid. 9. Give a short account of the means by which the humidity of the air can be ascertained and estimated. 10. State what you know of the chemical composition of fats and oils.

Materia Medica.—11. What is elaterium? Give the tests for its purity, its doses and uses. 12. What are the lozenges of the British Pharmacopoeia? Their composition and doses. 13. What are the preparations of magnesia in the Pharmacopoeia? Their composition, doses and uses.

Botany.—14. Explain the terms *exogen, endogen, monocotyledon, dicotyledon bulb, corm, endocarp, pericarp, pollen*. 15. Describe the natural orders *rosaceae, and compositae*; the medicines obtained therefrom, and their doses and uses.

Notices of Books.

BYROM BRAMWELL ON THE SPINAL CORD.*

The second edition of Dr. Byrom Bramwell's "Diseases of the Spinal Cord," does not materially differ from the work as it originally appeared, and the reason assigned by its author for this fact is a proof gratifying alike to him and to the profession in this country; its having been translated into the German, French, and Russian languages serving as a sufficient and proper excuse for preserving the first form of the work. The book has, however, undergone complete and careful revision, and some minor changes in the arrangement of sections have been introduced; these improvements comprise a fuller discussion of functional diseases, and a valuable consideration of the subject of spinal concussion, with a descriptive plan for conducting the examination of railway cases.

* Diseases of the Spinal Cord, by Byrom Bramwell, M.D., F.R.C.P. Ed. Second edition. Edinburgh: Young J. Pentland.

The favourable opinion we have already expressed on this important special treatise, is no way altered after a re-perusal of the work, which derives much additional value from the copious supply of illustrations, furnished by artistic reproduction in coloured plates, of the actual appearances presented under the conditions described in the text. The general plan of the book is now so well known that it is needless to repeat it here; and we need only say again that it may be unhesitatingly accepted as a full and reliable guide to the study of diseases of the spinal nerve centres.

ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.
GUY'S.—Medical and Surgical, daily, exc. T., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.
KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th.; Throat, Th. 3; Dental, Tu. F., 10.
LONDON.—Medical, daily, exc. S. 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9.
MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.
ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; Dental, Tu. F., 9.
ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th. 1.
ST. MARY'S.—Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 9.30; o.p., M. Th., 9.30; Eye, Tu. F., 9.30; Ear, W. S., 9.30; Throat, M. Th., 9.30; Skin, Tu. F., 9.30; Electrician, Tu. F., 9.30; Dental, W. S., 9.30.
ST. THOMAS'S.—Medical and Surgical, daily, except Sat. 2; Obstetric, M. Th., 2; o.p., W., 1.30; Eye, M. Th., 2; o.p. daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; Children, S., 12.30; Dental, Tu. F., 10.
UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S. 9.15; Throat, Th., 2.30; Dental, W., 10.30.
WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

OPERATION DAYS AT THE HOSPITALS.

MONDAY - - St. Bartholomew's, 1.30 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Hospital for Women, 2 p.m.
TUESDAY - - St. Bartholomew's, 1.30 p.m.—Guy's, 1.30 Westminster, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—West London, 3 p.m.—St. Thomas's (Ophthalmic Department), 4 p.m.—Cancer Hospital, Brompton, 3 p.m.
WEDNESDAY - St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—Middlesex, 1 p.m.—University College, 2 p.m.—London, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Great Northern Central, 2 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's, 1.30 p.m.
THURSDAY - - St. George's, 1 p.m.—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—Chelsea Hospital for Women, 2 p.m.
FRIDAY - - King's College, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Royal London Oph-

thalmic, 11 a.m.—Guy's, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.—East London Hospital for Children, 2 p.m.—Manchester Infirmary, 11 a.m.

SATURDAY - St. Bartholomew's, 1.30 p.m.—King's College, 1 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's, 1.30 p.m.—Royal Free, 9 a.m. and 2 p.m.—London, 2 p.m.—Manchester Infirmary, 11 a.m.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

VICTORIA UNIVERSITY.—A provincial correspondent writes:—"Your paper on Medical Degrees last week was remarkably good, and was well appreciated. Victoria University, to which I belong, is going the same way as London. They have held two intermediate examinations for the M.B., and not a single candidate passed at either, although at the last examination no less than seven candidates presented themselves. The standard is evidently too high. They have also a very voluminous preliminary scientific examination. What is wanted is, a much less comprehensive preliminary scientific examination (a whole year being devoted to this, even if successful), and the other examinations, designed to test 'fairly' the knowledge of the student; if this was the case we should have very few qualifications of the College."

MR. C. A. LOCKE is thanked for his communications.

MR. W. FINGLAND and **MR. K. C. MACKENZIE** are thanked for their contributions to our columns.

MR. T. LEDLIE.—We regret very much that your letter this week was delayed in transmission, and consequently did not arrive in time for insertion in our present issue. The communication shall appear in our next.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. A. C. Maybury, London; Dr. C. E. Armand Semple, London; Mr. K. C. Mackenzie, Glasgow; Dr. H. Aubrey Husband, Edinburgh; Dr. J. Brindley James, London; Mr. Bennett, Plymouth; Mr. C. A. Locke, University College Hospital; Mr. Greenwood, London; Dr. Lewis Lewis, London; Mr. Howard D. Buss, University College Hospital; Dr. Carpenter, London; Mr. Mackie, London; Mr. Kempthorne, Andover; Mr. W. Fingland, Liverpool; Mr. T. Ledlie, Newry; Mr. Davis, London; The Director-General Army Medical Department, &c.

BOOKS, PAPERS, &c., RECEIVED.—British Medical Journal—Medical Times and Gazette—Medical Press and Circular—New York Medical Record—The Southern Clinic—Canada Lancet—Canada Medical Record—The Homoeopathic Review—Annals of Surgery, &c.

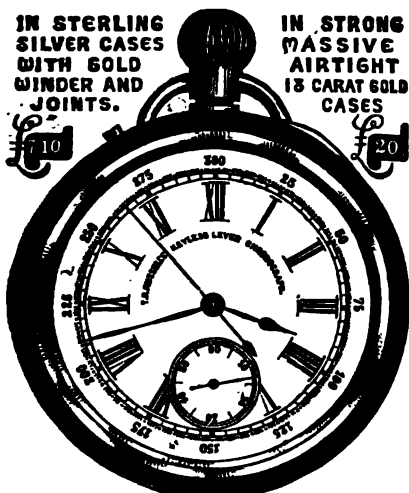
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The Editor has to acknowledge, with his warmest thanks, the valuable assistance he has received from Mr. ROSS, Curator of the Museum of St. George's Hospital, and lately Assistant

Demonstrator of Anatomy, who has not only prepared all the dissections from which the new illustrations have been drawn, but has also bestowed a large amount of labour in investigating certain points in Anatomy about which there is a difference of opinion in the various text-books on the subject.

The Editor's best thanks are also due to Mr. CROMPTON, Demonstrator of Histology at St. George's Hospital, for the great care and trouble which he has taken in drawing the new microscopical illustrations which have been introduced into the present edition.

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Notes by the May.

SELDOM has such a dirty lot of linen been washed before the public eyes, as that which has been exposed to the gaze, during the past week, in the action brought by Dr. D'Bhabba against his late master, Dr. Munro, for arrears of salary. The profession has been shown up in a very bad light, and whatever may have been Dr. Bhabba's little weaknesses, everyone must be convinced that Dr. Munro's conduct was inexcusable, and wholly incompatible with right and proper relations as between his servant, Rose Henley, and himself. After it was shown that he was backing up the girl to father her child upon Dr. Bhabba, the jury had no choice but to give the verdict against Dr. Munro, and one can only feel the greatest surprise that he should have permitted the case to come before the public.

ACCORDING to the summing-up of Baron Pollock, the verdict of the jury is equal to convicting Dr. Munro of "conspiracy with a woman of uneducated and low mind, to take away the character and to crush a man who was, in one sense, a stranger, and who had served him, if the plaintiff were to be believed, faithfully in his calling." The verdict is most damaging to Dr. Munro, and I shall not be surprised, if the General Medical Council are not called upon to consider the question whether his conduct has not been of such a grossly unprofessional character, as to justify them in removing his name from the *Medical Register*.

AN interesting correspondence has recently taken place in the *British Medical Journal* on the vexed question as to the use of the title, "Doctor," by Licentiates of the Royal College of Physicians. In a letter on the subject justifying the use of the title by Licentiates, published in the *Journal* of Feb. 14th, Dr. R. H. S. Carpenter, the Hon. Sec. of the Medical Alliance Association, twitted the holders of foreign "M.D." degrees with being ashamed of the origin of their titles, as they usually carefully omitted to notice on their visiting-cards the fact that their degrees were derived from foreign sources. This suggestion seems to have considerably riled some holders of foreign degrees, and one happy possessor of the M.D. (Bâle) who, I understand, is one of the editors of a medical periodical, poured out the vials of his wrath on Dr. Carpenter's devoted head in the following amusing letter:—"Sir,—With reference to your insulting remarks in to-day's *British Medical Journal*, allow me to state that you are wrong as well as ill-behaved. I, for one, am no more ashamed of my Bâle M.D. degree than I am of my M.A., B.Sc. London—indeed of the two, I am more proud of the first, which I obtained on the strength of my having done original work; whilst the latter were obtained by dint of cramming, and through examinations held at a pseudo-university. Besides, your gross breach of polite manners, practically reaches the former

M.D. St. Andrews, as well as recent foreign M.D.'s, among them my friend, Dr. ——. I do not desire to enter upon a public controversy on the subject, as I feel sure that your intemperate language will best refute itself in the eyes of those members of the profession, for whose opinion only I have any regard." If the writer of the above is so proud of his "Bâle M.D.," why does he not indicate the source of origin on his cards, &c.? In my opinion, Dr. Carpenter's view as to the desire on the part of holders of foreign degrees to conceal the origin of their coveted distinctions, is the correct one.

A FRIEND of mine made what he thought rather a neat joke the other day, in reference to a meeting of holders of Brussels "M.D.'s," by describing them as a very fine collection of fully matured "Brussels sprouts."

I AM indebted to a Liverpool correspondent for the following description of a specimen contained in the Pathological Museum of the Liverpool University College School of Medicine, which forms an interesting addition to the cases of Hermaphroditism already reported in the *GAZETTE*:—"The mons veneris is large and prominent, and below it is a distinct penis, measuring two inches in length. The organ possesses a very perfect glans, but imperforate, and an ample prepuce retracted behind the glans. The corpus spongiosum is absent, and in its place runs a groove, representing the normal urethra. The prepuce was attached by a strong fold, which passed down to the orifice of the urethra, which was situated between the labia. The skin folded on each side of the root of the penis, to form the labia majora. The labia blends with the skin of the perinæum, about an inch from the anus. Internally, there is a uterus in the usual position, the os uteri opening into a vagina, two and a half inches long, contracted at the external orifice. In the left broad ligament is a Fallopian tube, a round ligament, and parovarium, but no ovary, or testicle. In the right is a Fallopian tube, and a distinct testicle and epididymis, with a vas deferens traceable on the uterus as far as the cervix. There was no distinct connection between testicle and epididymis. It is also reported that the catamenia were present, which is not improbable, as the interior of the uterus presented a large surface, and the lining membrane had a most natural appearance."

ACCORDING to the *Chemist and Druggist*, the following is the singular system which regulates the proceedings of a society known as the "Pseudo-Cuticle." The papers read are only compiled on the day of the meeting, neither the authors nor the topics to be discussed being selected until midnight of the day preceding. The object of this arrangement is to give authors the opportunity of exercising the imaginative faculty, and by stimulating curiosity, to insure an attendance. The method of carrying this out is as follows:—On a sheet of ordinary foolscap

the names of twelve or more gentlemen are written, known to be adepts in extemporary research. The President is then blindfolded by the Secretary, and with a well-inked pen hurls three blots at the paper. The three names nearest to which the blots fall are each telegraphed to as follows.—“From the President of the Pseudo-Cuticle Society to Mr. ———. Evening meeting. You will have to read paper to-night. Commence research at once. Turn up at eight sharp. Wire in.” Is this system adapted from the mode of working the Pharmaceutical Society?

I REJOICE to hear that the revival movement is spreading among the Edinburgh and Glasgow students; not so much that I expect them to be a more moral set of young men than they have hitherto been, but because they will doubtless devote more attention to the improvement of their minds, and consequently, will be more devoted readers of the HOSPITAL GAZETTE. Referring to the movement, the *Medical Press* writes “The latest outcome of medical student emotionalism is a phase of mental ecstasy very characteristic of Scotland, and termed religious awakening. A meeting, largely attended, of Edinburgh and Glasgow medical students, was recently held in St. Andrew’s Hall, Glasgow, with a view to the initiation of a religious quickening. We are accustomed to violent swings of the mental pendulum on the part of medical students, and we shall watch the development and progress of this, the latest medical student eccentricity, with some anxiety. We need hardly say that between the high moral fundamental principles of religion (which, by-the-way, are not the exclusive attributes of any one particular religion) and Scotch *piousness*, long profitably cultivated in Edinburgh by lay and professional men, we recognise an almost fathomless gulf.”

FROM a Liverpool paper, I learn that a few days ago, Ethena de Tomanzie, the “Indian Doctor,” was under examination in the Liverpool Bankruptcy Court. The liabilities were £740 0s. 11d., and there was a deficiency of £552 2s. 5d. Mr. Dodd, barrister, representing a creditor, questioned the debtor as to his financial position at stated periods during the past few years, and as to his career as a medical practitioner. The debtor stated that his bankruptcy arose from an action for libel going against him at the late Liverpool assizes. He first became aware of his inability to meet his debts when an execution was put into his house as the result of that action. The witness frequently attempted to go into matters relating to the libel in question, and to refer to a circular which he produced, and which he said had been sent out by a “clique of Liverpool doctors” with the view of libelling his character, and destroying his practice. The registrar would not permit him to enter into these matters, considering them irrelevant to the case of bankruptcy, and ultimately the case was adjourned to the 30th inst. Quack doctoring appears to be under a cloud just now, probably through “faith-healing” being the rage.

PERIPATETICUS.

Original Papers.

THE ESSENTIALS OF TOXICOLOGY.

By ARMAND SEMPLE, B.A., M.B. Cantab, M.R.C.P. London, Physician North Eastern Hospital for Children; Author of “Aids to Chemistry,” &c.

(Continued from page 83.)

METALLIC POISONS.

ANTIMONY, STIBIUM, Sb.

THE most important preparations of antimony are tartar emetic, or the potassio-tartrate of antimony, and the chloride of antimony.

Symptoms.—In Acute poisoning there are a strong metallic taste during the act of swallowing, constriction, heat and soreness of the throat and mouth, succeeded by nausea, vomiting, tenderness and pain in the stomach, and followed by profuse diarrhoea; a small quick pulse, cold skin, clammy sweats, and intense prostration. Death may occur in this condition of collapse, but sometimes it is preceded by delirium, convulsions, and tetanoid spasms. Insensibility is sometimes one of the earliest effects of large doses of antimony; a characteristic pustular rash has in some cases been observed in the throat and upon the skin. In rare instances no vomiting or purging has been present until after the administration of emetics.

Chronic Poisoning.—There are nausea, vomiting, and purging, extreme weakness and fatal exhaustion. Infants and young children appear to be greatly tolerant of tartar emetic, especially when suffering from affections of the lungs or larynx. Applied externally as an ointment or lotion, tartar emetic occasions inflammation of the skin, and a crop of pustules, and if continued may induce sloughing. Its external use has been followed by nausea and vomiting.

Treatment.—When no vomiting is present, it should be induced immediately by draughts of warm water, or hot milk, and by tickling the fauces. In the event of these methods failing, the stomach-pump should be employed.

The proper antidotes are, cinchona bark, or any fluids containing tannin, such as strong tea, gall-nuts, or decoction of oak-bark. As soon as the poison has been removed from the stomach, strong coffee may be given, and to stay the vomiting opium may prove of service.

Post Mortem Appearances.—Inflammation of the mucous membrane of the stomach, sometimes extending to the small intestines, and rarely to the gullet and throat. The stomach and bowels are usually coated by thick viscid slimy mucus. The brain and its membranes, and the lungs are sometimes inflamed. If death has occurred from repeated small doses, the state of the cæcum and large intestines should be carefully inspected. The blood is usually black and fluid.

Quantity Required to Destroy Life.—Variable. Two grains have proved fatal to an adult, and three-quarters of a grain to a child. Very severe effects

have followed a dose of six grains. Large doses, such as one ounce, however, have been taken with impunity, by reason of the rapid rejection of the drug from the stomach.

Period at which Death takes place.—Variable. Tartar emetic in a single large dose may destroy life in a few hours, but a patient has survived nearly five days after taking 40 grains, and 20 grains has proved fatal to a woman after a year of suffering.

Mode of Extraction from the Stomach.—The salts of antimony are decomposed by all vegetable substances containing tannin, and in strong solutions they coagulate milk. The stomach-contents should be diluted with water, filtered and acidulated with tartaric acid, and then sulphuretted hydrogen gas should be transmitted through the liquid, in which case the orange sulphide will be precipitated. The colour of the precipitate may be rendered more or less brown from admixture with organic matters. Should this method fail, Reinsch's or Marsh's test may be employed (see arsenic).

If the quantity found in the stomach-contents exceeds the ordinary medicinal dose, there is a strong presumption of poisoning, but if the amount is small, it is impossible to say that it has been administered criminally, until proof is forthcoming that it has not been given as a medicine. Antimony is absorbed and may be discovered in the secretions, the blood, and solid viscera. The same method of detection may be employed as in the case of arsenic.

The urine should always be examined for antimony. The elimination of the poison by the kidneys is very rapid. When the quantity present is very small, it has been recommended to suspend in a *weak acid solution*, a coil of pure zinc foil, wound round a piece of platinum foil, when metallic antimony will be deposited upon the platinum. This deposit may be treated as follows:—

1. Wash and digest in strong nitric acid, until the deposit is dissolved, and then evaporate to dryness. Dissolve the residue in hydrochloric acid and add to the solution sulphuretted hydrogen.

2. Or dissolve the residue in sulphide of ammonium, evaporate to dryness, and thus obtain the orange red sulphide.

Tests for the compounds of antimony:—

1. The *orange* precipitate with sulphuretted hydrogen, soluble in sulphide of ammonium. This is the only orange sulphide.

2. The chloride of antimony when placed in water, yields a *white* precipitate (powder of Algaroth).

3. Antimoniuretted hydrogen burns and deposits two rings on a white plate held in the flame. These rings are soluble in sulphide of ammonium, but not in a solution of chlorinated lime (thus distinguishing the gas from the arseniuretted hydrogen).

4. Infusion of cinchona, and any solution of tannic acid produces a copious *dirty brown* precipitate with salts of antimony.

(To be continued.)

THE MERCERS' HOSPITAL MANAGEMENT.

GREAT DEMONSTRATION OF STUDENTS.

On Friday, 6th inst., the students, past and present, of Mercer's Hospital, held another meeting at that Institution, for the purpose of protesting against several changes recently made in the working of the Hospital, which, in their estimation, were calculated to interfere considerably with the surgical practice and teaching of the students. On 9th February, the students held their first meeting, and drew up a series of resolutions, embodying these grievances, and suggesting their amelioration. An influential deputation was appointed to lay the resolutions before the Board of the Institution, at their meeting on the 11th ult., and on that day the deputation, accompanied by a large body of the students, repaired to the Board Room, in which the Governors were assembled. The Governors decided not to receive the deputation, as no previous notice of the intention of such a body to wait on them had been received. The decision of the Governors caused considerable excitement amongst the students, and from ten o'clock in the morning till after four in the evening they kept watch in the hall, for the purpose of having, on any account, a personal interview with the Governors, but the Governors did not face the storm, and remained in their Board Room, until the students—their patience exhausted by the long wait—retired. Subsequently, the students were informed that there had been a division of opinion among the Governors at the meeting, some of them having been of opinion that the deputation ought to have been received, and also that two Governors who had not attended the meeting were of the same view. The students, therefore, decided to hold another meeting, and this came off on the date above-mentioned. Surgeon Keyes occupied the chair, and the attendance of the students was very large. Surgeon O'Grady and Surgeon Nixon were present during the proceedings. The resolutions adopted at the previous meeting were passed, with one exception—that protesting against the re-appointment of Surgeon Griffin as resident medical officer for the ensuing year, which was withdrawn, and a deputation was appointed to lay the resolutions before the Board of Governors at their next meeting. Accordingly, on Monday, the 9th inst., a deputation, consisting of Dr. Keys, Dr. Irwin, Messrs. Moriarty and O'Farrel, waited upon the Governors of Mercer's Hospital, for the purpose of laying before them the grievances of the students. On other occasions, the Board had firmly refused to receive the deputation, but this morning that decision had been abandoned. The Governors had decided the proceedings should be private. This decision having reached a number of students in the hall of the Hospital, it was received with groans and hisses, and cries of "Star Chamber." It is stated the Board present were—Drs. Mason and Ward; Surgeons O'Grady and Nixon; Messrs. W. Jameson, J.P., T. A. Cusack, E. P. Brennan, T. H. Taylor, J. Abbot, G. Moyers, LL.D. Surgeon O'Grady presided, and stated that the Board had now resolved to receive the deputation, to hear what they had to say upon this subject, and at no distant date would give the deputation their opinion upon the statements of the deputation. Dr. Keys then submitted the following resolutions, which had been adopted by a large meeting of the students, at which two of the Governors, Messrs. Nixon and O'Grady, also Drs. Donnelly, Gaffney, Tiernan, McGrane, Woods, and Mulcahy were present:—

1. That, in the opinion of this meeting, recent alterations in the working of Mercer's Hospital are calculated to interfere greatly with the surgical practice and teaching of the institution. That such changes we consider unnecessary, and likely to bring the hospital into disrepute; and we hope that, in making any future alterations, the Board will take into consideration the claims of the students.

2. The system of not admitting patients unless upon the joint order of two lay or two medical governors being calculated greatly to curtail the admission and number of country patients, and to diminish the practical surgery of the hospital, the students respectfully solicit the Board to reconsider their action in this matter.

3. We pledge ourselves to stand by Mercer's while conducted on the old lines with reference to the Board's official dealing with the students, but we will protest, in the strongest terms, against the manner in which the students' interests are set aside or unconsidered; and we are of opinion that it is

absolutely necessary that some steps be taken by the Board to enable the medical and surgical staff to give proper clinical lectures, such as the old theatre, to a certain extent, did.

4. That inasmuch as the senior surgeon (for the time being) of Mercer's Hospital, has for a number of years, by common consent, had a larger proportion of beds than any other member of the staff, we are of opinion that, should any reduction in the number of admissions to the hospital be made, such reduction should, in no way, curtail the pre-existing right of the senior surgeon.

The Board was addressed at great length by Dr. Irwin and Messrs. Moriarty and O'Farrell in support of the resolution, and it is stated that the substance of their addresses was to the effect that if the Board did not consider the facts set forth in the resolution, great injury would not only result to the students but to the hospital—a public charity.

The Chairman notified that the Board would consider the statements submitted, and communicate their decision on the following Wednesday.

On Wednesday, March 11th, a special meeting of the Board of Governors was held in the board-room at 10 o'clock, and although the sitting lasted till half-past four, the Board were unable to reach the students' resolutions with regard to recent alterations in the working of the hospital, which had been adjourned from a former meeting. At the conclusion of the meeting a deputation of the students, consisting of Dr. John King Irwin, Surgeon John Keys, Mr. P. A. Moriarty, and Mr. Charles O'Farrell waited on the chairman to learn the result. Considerable disappointment and dissatisfaction was felt when it was ascertained that nothing had been done. The Governors present were:—Alderman Moyers, Messrs. Cusack, Brennan, Taylor, Abott, and Jameson; Doctors Mason, Ward, Knight; Surgeons O'Grady and Nixon.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, MARCH 21, 1885.

EDITORIAL AND PERSONAL.

A VERY important meeting was held last week under the auspices of the Metropolitan Counties Branch of the British Medical Association, at which the question of a Teaching University for London was fully discussed, and a deputation appointed to confer on the subject with the senate of the existing institution in Burlington Gardens. As we have repeatedly explained, the object of the movement of which this meeting is the latest development, is to secure the creation of a real London University, in which the teaching of medicine and surgery and the allied sciences, shall occupy a position equivalent to its importance in an educational sense; and by which the degree of doctor of medicine shall be conferred after examinations adapted to the necessities of the hour. It is generally conceded now, by all competent judges of the matter, that such examinations should

resemble those of the Examining Board in England, and that it is impolitic and injurious to the interests alike of the public and the profession to insist that candidates for a working doctor's degree should be forced into cramming themselves with wholly irrelevant details concerning taxonomical distinctions in zoology, &c., merely for the sake of maintaining a long list of examiners in these subjects. There seems now to be a favourable prospect that ere long the London Hospital Medical Colleges will assume the position they ought long ago to have occupied as collegiate institutions, forming together a great Medical University, and giving to all the students attending them the education fitting them for a fair and honourable degree, to be conferred by the central authority, of which they will be local subcentres.

GENERAL GRANT is reported to be suffering from cancer of the root of the tongue, and we may expect that this fact will be taken advantage of by anti-smokers to form the groundwork of a new counterblast against tobacco, the distinguished statesman and soldier having been an inveterate consumer of the "weed." The utter absence of any connection between such indulgence and the illness by which, to the regret of every civilised community in the world, the grandest figure in the United States has been attacked, will be at once apparent to every medical reader of the accounts; for although the constant irritation of clay pipe stems may, and very often does, cause epithelioma of lip or tongue, still it is impossible to conceive that cancer of the pharynx can originate through cigar smoking. It is not the tobacco which influences the development of disease in "cutty" worshippers, but the continuous irritation of the rough clay of the pipe, blackened as it always is by nicotine and dirt. Nor is such form of irritation the only one capable of producing the result, since a jagged tooth is equally competent to initiate changes in the tongue, terminating in epithelioma in those afflicted with a tendency to its development. But bigoted propagandists do not wait for information to correct their own narrow conclusions, nor will they tolerate any enlightenments of their crass ignorance, so that we may confidently anticipate that bills heading "A Caution to Smokers—Cancer in the Pipe," will soon be generously bestowed on an impressionable public by the active agents of the enemies of tobacco.

A most unprecedented success has attended the formation of the British Gynecological Society, the meeting at which it was founded on December 28th last having been briefly referred to at the time by us. The first ordinary meeting of the Society was held on the 11th inst., when the President, Dr. Alfred Meadows, was supported by the presence of over seventy members and ten visitors, and was able to make the gratifying announcement that no less than 266 gentlemen had joined the Society as Foundation Fellows. During the evening six other fellows' names were added to the list, and it may be safely inferred from these facts that a brilliant and useful future is now assured to the association. The organ of the Society is to be the *British Journal of*

Gynecology, the first number being announced for issue on April 10th next, by Messrs. Smith, Elder & Co.

MR. HENRY SKYNNER, late of Temple Chambers, 32, Fleet-street, solicitor, and of 6, Neville-terrace, Onalow-gardens, South Kensington, has left among many other legacies, £500 to St. Bartholomew's Hospital, in commemoration of his brother, to be called the Robert Charles Skynner Prize Fund, the income to be given annually to the student passing the best examination in the anatomy of the human body, and the best treatment for scarlet fever and rheumatic fever; also nine freehold houses, one of which is in the City, and including a public-house, to the Masters and Scholars of Balliol College, Oxford, to found scholarships and fellowships for the encouragement among graduates and undergraduates of the study of the science of astronomy and original research and discovery.

DR. LUSHINGTON, LL.D., who was elected in November to the Rectorship of the Glasgow University, vacant by the death of Mr. Fawcett, M.P., will deliver his inaugural address to the students, on the 26th inst.

In the Cupar Sheriff's Court, on 6th inst., Alexander Roes French, formerly a confectioner in Dundee, and now residing in St. Andrews, N. B., was charged with a contravention of the Dentist's Act 1878. The libel set forth that the accused unlawfully used the title of "Dr." French, Dental Surgeon, having the same on his door-plate, lamp, and sign-board, at his place of residence, and with unlawfully using the titles of D.D.S., Resident Surgeon, Dr., and D.S., the accused pleaded not guilty. His defence was that he had advertised that he was not a registered dentist, and he contended that the titles used by him did not come under the jurisdiction of the British law. After evidence, the charge was found proven, and the sheriff imposed a fine of £10 or seven days imprisonment.

THE ROYAL IRISH UNIVERSITY.

Our readers will remember that in our issue of the 7th inst., we published some resolutions, lately framed by the Royal Irish University; and to-day we wish to make a few observations relative thereto. We are always in favour of having, what we might term, a respectable standard of education for students in medicine, who are to be our future medical men; but one of the "Royal" resolutions far outstrips any attempt hitherto made for the purpose of raising the standard.

The resolution states "that after the year 1885, credit will not be given to any candidate for botany and zoology at the first examination in medicine, upon the ground of having passed any Arts examination in which these subjects were comprised." The subjects for the first examination in medicine are botany and zoology, with a modern language. Regarding this latter subject, it has always been the

rule to dispense with it when passed at a previous Arts examination. One of the subjects in the second Arts examination is biology, which includes physiology, botany, and zoology, and it is against persons who wish to take an Arts degree, in conjunction with their medical, that this resolution will tell. Many students will, by this rule, be deterred and debarred from taking the full Arts course. It is rather unfair, and to say the least unreasonable, to expect that men will, when they have obtained their Arts degree, sit down to repeat the work they have spent so much time over.

But one will say, how are you to remedy this? Well, we think an arrangement could be arrived at, which would carry out the University programme, and at the same time save the much wearied and neglected medical student. If we might be allowed, we would suggest to the Senate, the propriety of including the subject of biology in the *First Arts Examination*, instead of the *Second Arts Examination*, where it is now placed. This would allow our "Royal" students a clear and lengthened time to complete their medical studies, and would not necessitate their valuable time being infringed upon. But it might be said that students in medicine will thus be thrown idle for a year. To this we say no, because we would further suggest, that chemistry and materia medica should take the place of botany and zoology, and these in their turn would be supplied by the anatomy and physiology, which occupy a place in the "final" or degree examination.

By this arrangement, a more even course of study would be meted out, and there would be a great deal less of that learning at high pressure speed for the "final," of which we see so much, and which, as we know, arises from the large amount of work laid down for it.

The second resolution, prohibiting students receiving certificates in pharmacy from dispensaries, is, we think, going a little too far off the line. We cannot see the reason why a student, having passed in materia medica (by which he acquires a knowledge of the characters and preparations of the B.P.) should not be allowed to take out his certificate from a dispensary. There are two advantages to be gained from attendance at a dispensary:—

1st. A knowledge of diseases, and the art of prescribing for them.

2nd. A knowledge of pharmacy and compounding.

With an apothecary we find only the latter can be acquired. Hence we think this is an important item against the striking out of the dispensary certificates, the obtaining helps materially to store up valuable knowledge for professional use in after life.

Our medical bodies now-a-days go on increasing the work, and exacting more severe penalties each year, so that we begin to wonder to ourselves where they will stop. We trust the "Royal" will show a generous spirit by striking out the resolutions which, in a hasty moment, they arrived at; and for the sake of its reputation, and the fact that it yet requires to be firmly established, that it will not seek to drive students from its walls by the useless and baneful resolutions just arrived at.

Examination Questions.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

MONTHLY EXAMINATION FOR THE LICENSE.—MARCH, 1885.

Practice of Medicine and Therapeutics.—The Vice-President (Dr. Duffey).—1. Give the usual symptoms, physical signs, and diagnosis of perforation of the vermiform appendix. 2. What are the signs of infantile syphilis; and at what period after birth, and in what order do they generally appear? 3. A girl, *etat*, six years, is brought to you with an abdominal tumour of the left side. What would be the evidences in favour of its being a malignant affection of the kidney? 4. What are the causes of otorrhoea after scarlet fever, and how would you treat this sequela? 5. What treatment, other than paracentesis, would you adopt in a case of pleural effusion? 6. Prescribe a sleeping draught for an adult in whose case preparations of either opium or of chloral are contra-indicated.

N.B.—All prescriptions given in answer to any of the questions in this paper are to be written in full, and to include suitable directions.

Midwifery and Diseases of Women.—(Dr. Kirkpatrick).—1. Mention the signs of pregnancy in the order they are generally met with. 2. Describe a case of 'concealed accidental hæmorrhage.' What treatment would you adopt? 3. Describe the mechanism of labour (head presentation, first position). 4. When retroversion of the uterus occurs at about the third month of pregnancy, what symptoms does it give rise to? How will you treat it? 5. What are the conditions of the uterus which give rise to menorrhagia?

Medicine and Pathology.—(Dr. Purser).—1. What are the most usual causes of vomiting? Indicate the principles of treatment suitable in each case. 2. Describe the disease known as erythema nodosum. 3. What do you mean by modified smallpox? In what does it differ from the unmodified disease? 4. What is the difference between fatty infiltration and fatty degeneration of the liver? Describe the naked-eye appearances of the liver when in a condition of extreme fatty infiltration. 5. What is the nature of the condition known as the 'sago spleen'? 6. What is Hodgkin's disease? How is it distinguished from leucocythæmia?

Medical Jurisprudence.—(Dr. Quinlan).—1. Give a classification of the different varieties of insanity. What medical formalities have to be observed in placing an insane patient in a lunatic asylum? 2. Mention the principal points which have to be attended to in examining recruits as to their fitness for the military service. 3. Describe the appearances and symptoms of poisoning by belladonna. How is death caused?

Hygiene.—1. Given a water contaminated with organic matter. How can it be rendered potable? How can it be freed from flatness of taste? 2. Sketch out a dietary for a male prison (where the convicts are kept at hard bodily labour) which shall combine economy with body-sustaining power.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, March 5th, 1885:—Richard Emmett, St. George's Hospital; George Arthur Ferdinand Innon, King's College; Arthur Charles Edward Parr, King's College.

VACANCIES.—Burton Dispensary—Dispenser. Salary, £80 per annum. Applications to Mr. Allen, 69, Branstone Road, Burton-on-Trent. Chelsea Hospital for Women—Resident Medical Officer. Salary, £60 per annum. Applications by March 31st. Chester General Infirmary—House-Surgeon. Salary, £80 per annum. Applications by March 28th. City of London Hospital for Diseases of the Chest, Victoria Park, E.—Resident Medical Officer. Salary, £100 per annum. Applications by March 26th. Colonial Hospital, Fiji—Dispenser. Salary, £150 per annum. Applications to Mr. R. Brembridge, 17, Bloomsbury Square, W.C. Croom Union—Medical Officer,

Adare Dispensary. Salary, £145 per annum and fees. Applications to Mr. O'Flaherty, Honorary Secretary. Election on March 23rd. General Hospital, Birmingham—Resident Medical Officer. Salary, £130 per annum. Applications by March 28th. General Infirmary, Hull—House-Surgeon. Salary, 100 guineas per annum. Applications to the Chairman of the House-Committee by March 21st. Halifax Infirmary and Dispensary—Junior House-Surgeon. Salary, £50 per annum. Applications by March 26th. Hospital for Infectious Diseases, Bootle-cum-Linacre—Resident Medical Officer. Salary, £100 per annum. Applications to the Chairman of the Health-Committee, Town Hall, Bootle-cum-Linacre. Parishes of Westray and Papa Westray, Orkney—Medical Officer, Public Vaccinator, and Officer of Health. Salary, £82 per annum. Applications to J. Scott, Inspector of Poor, Westray by Kirkwadd, by March 25th. Parish of Strath, Skye—Medical Officer. Salary, £180 per annum. Applications to R. J. Gibson, Inspector of Poor, Broadford, Skye. Royal Academy of Arts—Professor of Chemistry. Applications by March 23rd. Sussex County Hospital—Assistant-Physician and Assistant-Surgeon. Applications by March 25th. St. Luke's (Middlesex) Vestry—Medical Officer of Health. Salary, £150 per annum. Applications, endorsed "Medical Officer," by March 24th. St. Marylebone General Dispensary, 77, Welbeck Street, Cavendish Square—Honorary Physician. Applications by March 23rd. St. Peter's Hospital for Stone and Urinary Diseases, &c., Henrietta Street, Covent Garden—House-Surgeon for six months. Honorarium, 25 guineas. Applications by March 21st. Tiverton Infirmary, Devon—House-Surgeon. Salary, £100 per annum. Applications to the Honorary Secretary, Old Blundells, Tiverton. Ventnor Consumption Hospital—Clinical Assistant. Applications to Dr. Coghill, St. Catherine's House, Ventnor. West London Hospital, Hammersmith—Assistant-Surgeon. Applications by March 30th.

APPOINTMENTS.—C. Firmin Cuthbert, M.R.C.S., L.S.A., Honorary Assistant-Surgeon to the Children's Hospital, Gloucester. Reginald Pollard, M.B.Durh., M.R.C.S.Eng., Assistant House-Surgeon to the Western General Dispensary, Marylebone Road, N.W. James Rose, M.R.C.S., L.R.C.P. Lond., Honorary Assistant-Surgeon to the Liverpool Eye and Ear Infirmary. Eustace Smith, M.D., Consulting Physician to the Merchant Seamen's Orphan Asylum.

University, College, and Hospital Intelligence.

DUBLIN.

COOMBE HOSPITAL AND GUINNESS DISPENSARY.—The ordinary monthly meeting of the Directors of this Hospital was held on Thursday, 12th inst., Jas. F. Lombard, Esq., J.P., in the chair. Also present Sir William Carroll, M.D., J.P.; Rev. James Daniel Edw. Totterell, J.P.; Fox Goodman, Esq., J.P.; Samuel R. Mason, Esq., M.D., and George Mitchell, Esq. The monthly accounts were presented and passed. It was announced that the bank account was overdrawn £908. On the motion of Sir William Carroll, M.D., seconded by Rev. James Daniel, it was unanimously resolved that the Rev. J. D. Smylie, M.A., be elected one of the directors of the Hospital. This being all the business, the Board adjourned.

ST. PATRICK DUN'S HOSPITAL.—A most successful concert was held on Saturday last, the 14th inst., in the Examination Hall of Trinity College, in aid of St. Patrick Dun's Hospital. There was a very large and select audience, the greater number belonging to the gentler sex. It would seem that this important and most excellent hospital is in need of funds for carrying on its work. Situated in the midst of a densely-populated and poor district, a large number of accidents are daily treated, and the seafaring population are objects of its especial care. Owing to want of accommodation, it has been found necessary to turn patients from its doors. The proceeds of this concert are to be devoted to carrying out the much-needed improvements in the present wards. The concert opened with an instrumental trio for piano, violin, and violoncello, played by Colonel and Mrs. Parker, and Mr. Yeo. Mrs. Scott Fennell, who was in excellent voice, next gave Handel's

"Where'er you walk," with true artistic finish, and, subsequently, she was greatly applauded for the old Scotch song, "Jock o' Hazeldean." A very charming tenor song, by Dr. Faye, "Tell her I love her so," gave those present an opportunity of hearing Mr. Morgan, who has a voice of nice quality, and who did full justice to the piece which he rendered. "Figlio del Sol" (Meyerbeer) was effectively sung by Mrs. Burrows, who was equally successful in Pinsuti's duet, "Il ciel Stellato," in which she was accompanied by Mr. Victor Barry. Miss L. Moore played a very agreeable pianoforte solo, "Schubert's Impromptu (Op. 30)." Mr. Ben Mullen, jun., who is possessed of a fine rich bass voice, was heard to perfection in "Best of All" (Moir). Mrs. Hargreave and Miss Shelley also gave valuable aid in the programme. The concert, which Sir Robert Stuart conducted, was as successful, financially, as it was meritorious from a musical standpoint, and it is to be hoped that the stimulus it must have given to so benevolent an object will bear yet further fruit.—The March meeting of the Board of Governors of this Hospital was held on Tuesday, the 10th inst. The Board had again under consideration the necessity of providing a detached hospital for fever cases, but have not the necessary funds. Mr. John W. Reilly was appointed Registrar to the Hospital, donations and subscriptions, to the amount of £102, having been handed in, the Board adjourned.

DURHAM.

FACULTY OF MEDICINE.—The following regulations for the Examinations for the Degree of Bachelor in Medicine of the University of Durham have been adopted, and will come into force on May 1st, 1885, viz.:—There will be three examinations instead of two as heretofore. The subject of *Materia Medica* and *Pharmacy* will be transferred from the final examination to the second examination, and the subjects of *Chemistry* and *Botany* from the second examination to the first examination. The subjects of each examination will be as follows, viz.:—First Examination—(1) *Elementary Anatomy*, (2) *Elementary Physiology*, (3) *Chemistry* and *Chemical Physics*, (4) *Botany* and *Medical Botany*. Second Examination—(1) *Anatomy*, (2) *Physiology*, (3) *Materia Medica* and *Pharmacy*. Third Examination—(1) *Medicine*, (2) *Surgery*, (3) *Midwifery* and *Diseases of Women and Children*, (4) *Pathology*, (5) *Medical Jurisprudence*, (6) *Therapeutics*, (7) *Public Health*. Candidates will be admitted to each of these examinations after duly certified attendance at a recognised medical school, on courses of instruction in the various subjects of the examination, as set forth in the schedules of certificates issued by the University. Each examination must be passed in its entirety before the next can be proceeded with. As heretofore, each candidate, before presenting himself for the third or final examination, must have spent one winter and one summer session in attendance at the University of Durham College of Medicine, Newcastle-upon-Tyne, and must have passed one of the recognised Arts' Examinations. A candidate who has passed the first examination of the Conjoint Board in England of the Royal College of Physicians of London, and the Royal College of Surgeons of England, will be exempt from the first examination of the University of Durham, except in the subject of *Chemistry*, on which he will be re-examined. A candidate who has passed the first and second examinations of the University will be exempt from the first and second examinations of the Conjoint Board, and will be entitled to present himself for the final examination of the Board on the completion of the necessary curriculum.

LIVERPOOL.

THE STUDY OF MARINE BIOLOGY.—A meeting of gentlemen interested in marine biology, was held on Saturday afternoon, in the Zoological Laboratory of University College, for the purpose of considering the proposed scheme for working up the fauna and flora of the neighbouring seas. Members from various scientific societies in Liverpool, Manchester, and Chester were present. After a long discussion on the working of the scheme, the following resolution was proposed by the Rev. H. H. Higgins, seconded by Mr. F. Archer, and carried unanimously:—"That this meeting approves of the scheme for working up the marine fauna of the neighbourhood; that

steps be taken to commence the investigations during the coming summer, and that the arrangement of the practical details be left in the hands of Professor Herdman and a small committee of naturalists." The following gentlemen have offered their support to the scheme by taking part in the work or otherwise:—Rev. H. H. Higgins, M.A., Mr. Isaac C. Thompson, F.R.M.S., Mr. Alfred O. Walker, Mr. F. Archer, Professor A. M. Marshall, Mr. R. D. Darbishire, Professor J. W. Clark, Mr. R. J. Harvey Gibson, M.A., Dr. F. Paul, Professor J. Campbell Brown, Mr. Isaac Roberts, F.G.S., Rev. W. Banister, and Professor W. A. Herdman. At the conclusion of the meeting it was intimated that any one wishing to take part in the work, or obtain further information in regard to it, should communicate with Professor Herdman, University College, Liverpool.

UNIVERSITY COLLEGE ATHLETIC CLUB.—At the last committee meeting, Professor Herdman in the chair, much progress was made towards the constitution of the club. The treasurer announced a substantial increase of the donation fund. Steps have been taken to put the tennis courts on the grounds of the college in good condition for the summer term.

EDINBURGH.

UNIVERSITY GOSSIP.—The following unconfirmed rumours are going the round:—That the Professor of Pathology is about to resign his chair. That he is about to be appointed to one of *itinerant theology* at Aberdeen. That the Professors of Practice of Physio and Midwifery have been appointed colleagues in the newly-created chair of "Modern Divinity" at Glasgow. That the Principal has chosen London as his official residence. That the students of Edinburgh are to see his face no more. That the dramatic performance of Saturday last came as a God-send to the promoters of the Rosebery Club's Smoking Concert. That the first intimation given to students of the Rosebery Club intending to hold a smoking concert was the announcement of its postponement. That Lippe's prophetic eye foresaw the advent of a Principal in 1885, when she said "and daughters too." It is whispered that Professor Greenfield and a deputation of medical students are about to proceed to the Soudan at the end of the present session in order to attempt the conversion of the Mahdi. That one of the janitors is seriously ill from overwork, and is scarcely expected to recover. That the University bell was actually heard on a clear day at a distance of 200 yards.

STUDENTS' RELIGIOUS MEETINGS.—In connection with the present religious movement in Edinburgh University, a deputation of students, accompanied by Professor Grainger Stewart, M.D., addressed a meeting of about 800 students of Glasgow University and young men, in the lesser St. Andrew's Hall, Glasgow. Professor M'Kendrick, M.D., presided.—A large meeting of undergraduates was held in Marischal College, Aberdeen, which was addressed by a deputation of five students from Edinburgh University. Professor Stephenson (medical) was chairman.

Football.

DUBLIN HOSPITAL FOOTBALL UNION (CUP TIE).—SIR P. DUN'S v. RICHMOND.—Last week these fifteen, drawn against each other in the first round of the cup competition, met at Lansdowne Road on the Wanderers' ground. Brabazon won the toss, and for the first 35 Dun's defended the railway goal. Kennedy kicked off, and the first scrummage took place well inside Dun's territory; here for a long time the play remained, and a series of close mauls ensued, when Stewart had a short spin, passing well to Kidd, who made some ground before he was pulled down inside the 25 at the Lansdowne side of the ground by Eames. The scrummaging which followed was fierce in the extreme, and shortly afterwards Brabazon dribbled well to half way, where Fayle got possession, and after a short spin punted to Richmond 25. There the forwards again had the game all to themselves. Fredericks next essayed a run, but was well tackled by Fayle, and then a dart at the line by Smith was just stopped in time. Kidd and Meredith were mainly instrumental in relieving the pressure, and gradually Richmond got to mid-field, where

Kidd and Stewart did a lot of useful work, and from a pass the former got in, but the try was disallowed, and in the scrummaging which followed till half-time, Brabazon and Chambers for Dun's, and Kennedy and Jordan for Richmond, showed in best form. In the earlier portion of the concluding 35 the game was principally at the centre, but during the last ten minutes the Richmond team were forced right back on their defences, and once or twice their defeat seemed imminent. Brabazon, Chambers, Foyle, and M'Intosh played well for Dun's, and Kidd, Jordan, Kennedy, and M'Nought were of most service to Richmond.

THE HOSPITALS' ASSOCIATION CHALLENGE CUP.—On the 12th inst., at Kennington Oval, St. Bartholomew's and Guy's Hospitals played off the final tie in the above competition. Having won the toss, St. Bartholomew's decided to have the advantage of the wind, and their opponents kicked off. The ball was speedily driven into the Guy's half, where it remained for some time. At length the forwards transferred it to the opposite end, and then the game became very even. After 35 minutes' play Sharman ran the ball down, and muddled it to Holman, who obtained the first point for Guy's. Just prior to the call of half-time St. Bartholomew's had a free kick for "hands," which was intrusted to Nicholls. The latter, by an excellent shot, sent the ball between the posts, off Mitchell. During the second portion of the game, Guy's had rather the better of the play. Holman scored a second point for them, and when "Time" was called, they were declared the winners by two goals to one. The following were the elevens:—

Guy's.—R. H. J. Browne (goal-keeper); G. W. A. Mitchell and A. C. Roberts (backs); E. J. D. Mitchell, A. T. Brown, and S. Woodhams (half-backs); E. W. Sharman and H. J. Holman (right wings); F. Beard (centre); C. D. Muspratt and J. L. Roberts (left wings).

St. Bartholomew's.—W. Kayes (goal-keeper); A. K. Holt and H. Nicholls (backs); L. M. Snow, E. L. Burd, and E. Morris (half-backs); E. Jessop and A. E. Nuttall (right wings); J. B. Lemon and O. J. Horner (left wings); A. Keightley (centre).

ST. ANDREW'S V. GLASGOW.—On Saturday the 14th instant, an inter-university football match, between teams representing St. Andrew's and Glasgow, was played on the Glasgow ground at Gilmohrhill. The home team played remarkably well, and their superiority over the visitors was very obvious from the commencement of the game. —Higginbotham, R. B. Young, H. Younger and —McDonald obtained tries for the home team, who won by 1 goal and 3 "tries" to nil. Although the Glasgow University team plays a very good game, they would do well to pay more attention to their place-kicking, which is certainly not up to the mark.

Correspondence.

PROLONGED HOURS OF TELEGRAPH CLERKS.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—Would you kindly allow me briefly to direct public attention to this subject, namely, the long-continued strain upon the eyes, the brain, the muscles of the wrists, the arms, and of the back throughout twelve consecutive hours daily, must eventually produce permanent injury to the health of the youthful telegraph clerk. The pay, besides, considered as a maintenance, is wretchedly inadequate, and, coming from the State, should not be less than a pound a week.

I am, Sir,

Your obedient servant,

AUGUSTUS J. HARVEY.

12, Landridge Road, Fulham,
14th March, 1885.

PHYSIOLOGICAL PUZZLES.

To the Editor of the HOSPITAL GAZETTE.

SIR,—Glycogen is derived from the food elaborated by the liver and converted in that organ into sugar by the aid of a ferment which, it would appear, exists at all times in the liver. Glycogen, according to most physiologists, is first formed and laid up in store by the liver cells, and if this be so, I want to

ask you if it is possible for this glycogen, which is so easily converted into sugar by the action of ferments at the temperature of the body, to remain as glycogen in presence of this ferment, which, as we know, exists in the hepatic tissue? Why does blood not clot in living blood-vessels? Why does living muscle not become rigid, and why does the stomach not digest itself? A "restraining influence in the blood," a "vital principle" and an alkalinity have been spoken of in connection with coagulation, and the stomach digesting itself, but would such explanations satisfy our examiners?

Yours, &c.,

A. J. BLAIR.

Bully Nure, Belfast.

March 16th, 1885.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Bailliere, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

MR. PERCY BLIGHT'S literary style is capable of considerable improvement, and even his method of spelling words in common use might be advantageously adapted to be more in harmony with the usages of modern civilization. It may, of course, as Mr. Blight suggests, be "pregidial" on our part to decline the publication of his "studded efforts," but, deeply as we regret the necessity we are under, we feel it our duty to decline the "Studdy of Indicashuns fur Tretemint" forwarded to us for consideration. We regret also that Mr. Blight's insistence, and refusal to be satisfied with a private communication by post, has made it incumbent on us to thus publicly recognise this gentleman's "efforts" to rush into print.

ALTIUS.—It is certainly not necessary for a registered practitioner to announce his change of address by public advertisement in local newspapers.

MR. LATRAM.—We are sorry to hear that there is reason to believe you have been victimised. We will make private inquiries as to the party you refer to, and let you know result.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. H. Aubrey Husband, Edinburgh; Dr. C. E. Armand Semple, London; Dr. R. H. S. Carpenter, London; Dr. J. Brindley James, London; Dr. Hills, London; Mr. K. C. Mackenzie, Glasgow University; Mr. H. L. Noel-Cox Harrow, Mr. T. Gorman Carrickfergus; Mr. H. Allison, Dalston; Mr. W. M. Carmichael, Aberdeen; Mr. A. J. Blair, Belfast; Mr. Thomas Ledlie, Newry; Mr. P. A. Latham, Manchester; Dr. Elliot, Brixton, Mr. H. Anderson, Sunderland; Mr. Wright, Bristol; Mr. R. W. G. Colson, Birmingham; Mr. W. Fingland, Liverpool, &c.

BOOKS, PAPERS, &c., RECEIVED.—The Theory and Practice of Medicine, by Frederick T. Roberts, M.D., B.Sc., F.R.C.P., Professor of Materia Medica, and Therapeutics, and of Clinical Medicine, at University College, &c., &c., Tenth edition, London, H. K. Lewis, Gower Street—Medical Press—British Medical Journal—Medical Times—Chicago Medical Journal and Examiner—New York Medical Record—Canada Lancet—Canada Medical and Surgical Journal, &c., &c.

Exchange Column.

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IMPORTANT ANNOUNCEMENT.

EASTER HOLIDAYS.

As the Hospitals and Medical Colleges will be practically deserted next week, through Students proceeding to their homes for Easter, the GAZETTE will not be published on Saturday next. The next Number will be published on Saturday, April 11th, after which we shall issue weekly as heretofore. Advertisements for the next number must reach the Office not later than Wednesday, April 8th.

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The Editor has to acknowledge, with his warmest thanks, the valuable assistance he has received from Mr. ROSS, Curator of the Museum of St. George's Hospital, and lately Assistant

Demonstrator of Anatomy, who has not only prepared all the dissections from which the new illustrations have been drawn, but has also bestowed a large amount of labour in investigating certain points in Anatomy about which there is a difference of opinion in the various text-books on the subject.

The Editor's best thanks are also due to Mr. CROFTON, Demonstrator of Histology at St. George's Hospital, for the great care and trouble which he has taken in drawing the new microscopical illustrations which have been introduced into the present edition.

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Notes by the May.

BRAVO, Trinity College! You have done nobly in coming forward, and showing the Empire that there are a few courageous and loyal hearts, able and willing to frustrate the designs of those who, occupying the posts which entitle them to act as the mouth-piece of the City of Dublin, have dared publicly to announce their determination to insult the Heir to the Throne, on the occasion of his visit to Ireland, by hauling down the civic flag at the moment of his entry into the city. By a happy inspiration, it entered the minds of a few students of the above College to anticipate the formal ceremony of hauling down the flag by a week or so; and at the witching hour of midnight, on Monday last, an adventurous embryonic "medico" climbed the flagstaff, and removed the splendid flag which, bearing the city arms, floated over the Mansion House. Great, indeed, was the chagrin of the Lord Mayor and his parasites on discovering that they had been hoist by their own petard in this manner, and no time was lost in setting the police to work to recover the missing bunting.

As yet, no tidings can be gleaned of the coveted flag; but I believe word has been sent to the Lord Mayor that it will be returned to him, intact and unsullied, after it has done duty in a right loyal manner on the day of the Prince of Wales' entry into Dublin. Meantime, the dignity of the Mansion House is being worthily sustained by the exhibition of an ancient and dilapidated flag, which was most opportunely discovered in a lumber-room, containing some cast-away emblems of civic greatness. I trust the authors of this neat little practical joke will keep their counsel, and not let a soul know, either now or at any future time, to whom the credit of hauling down the flag is due.

In thus, metaphorically, pulling the nose of his Lordship of Dublin, the students of Trinity College run great risk of personal violence at the hands of exasperated supporters of the disloyal members of the Corporation. But this risk has doubtless been very accurately discounted, and, if the case assumes a retaliatory character, I'll back Trinity College to maintain their prestige.

THE recent action brought by the well-known Welsh unqualified practitioner, Idris Davies, against Dr. Makuna, "a gentleman of colour," is one of considerable interest to the profession. Dr. Makuna, it appears, was engaged by Davies as an assistant, exacting from him a covenant that he would not practice within some ten miles of Davies' surgery, should he at any time leave Davies' employment. All went smoothly for a time, but, after a while, differences arose, and Dr. Makuna left Davies, and started in practice on his own account. On this Davies took action in the High Court of Justice, to enforce the fulfilment of the covenant, and, after an exhaustive hearing, and able arguing on both sides, the judge gave judgment in favour of Davies.

Dr. Makuna has, however, given notice of appeal, as he contends that Davies had no legal status as a medical practitioner, and thus could not exact such a covenant.

It is scarcely possible to feel much sympathy for Dr. Makuna in this unfortunate dispute. In the first place, he was most decidedly in the wrong in entering the service of an unqualified practitioner. In doing this he manifested scant regard for the honour of the profession to which he had been admitted; and, secondly, having knowingly entered into a covenant with the man, he should have accepted the consequences, and cleared out of the place, "bag and baggage," when he found that he could work with his principal no longer.

FAITH-HEALING is not altogether unknown in Eastern countries. Referring to his life in Asia Minor, the late Dr. Humphrey Sandwith wrote:—"As my patients became numerous, and pestered me at all hours, I fitted up a spare tent to serve as my dispensary, and gave out that I received at the time of afternoon prayer (assar). I took my seat at the door of my tent, and soon had a crowd around me—many suffering from real diseases, many from imaginary ones, and many bringing for my inspection the effects of diseases, such as palsied limbs and stiff joints. A young man was the first who presented himself, most vociferous to see the hakeem. He entered my tent, and desired a private interview. 'Esh-tareed, what do you want?' I asked. 'Ya hakeem, shoof,' he began, 'look here; I am married to a wife, and am somewhat tired of her; and I have fallen in love with a virgin whom I wish to marry; but my wife—curses on her!—has found it out, *ee wallah!* and has given her a charm which prevents the beautiful virgin from loving me. I have beaten my wife, but that is of no use. *Ya hakeem*, I am your sacrifice,'—taking me by the beard, which he kissed—'God bless you, *hakeem!* give me some strong medicine to kill the charm, and I am your slave and sacrifice.' 'Here,' said I, 'take this pill fasting, and you are cured.' And, as he retired with the precious bread-pill, which he tied up in the corner of his sleeve, he called down blessings on my head."

THE recent parade and inspection of the Volunteer Medical Staff Corps, at which about three hundred men, chiefly Students of the Metropolitan Medical Schools were in the ranks, forms the text of a laudatory article on this patriotic movement in the *Daily Telegraph* of Tuesday last. Although only recently formed, some four hundred students have joined the Corps, and it is hoped that by a combined movement throughout the country, some four or five thousand students will enrol themselves for hospital work in the field, under the command of an adequate Medical Staff, and that Government recognition may be obtained for the Corps as part and parcel of the volunteer force. Many people, no doubt, think that the proper work of students is to stick to their studies, but in my opinion, patriotism, even among medical students, should be fostered.

As if the public had not been satiated with medical scandals lately, the High Court of Justice has just granted a motion for a new trial of the unsavoury case *Page v. Harrison*, in which the plaintiff, a medical man, sued the defendant for damages, he having libelled him by accusing him of improper conduct with his wife, while she was a patient of the plaintiff. At the first trial the jury gave a verdict for £200 damages, against which the defendant appealed, with the result that a new trial has been ordered.

AFTER having been somewhat under a cloud for a considerable period, the General Apothecaries Company appears to be entering upon a highly successful career. From the report of the directors, which has just come into my hands, I learn that it is proposed to declare at the annual meeting, to be held on the 31st inst., a dividend of eight per cent. on the preference shares, and five per cent. on the ordinary shares. This result, seeing how bad trade has been during the past year, speaks well for the management of the Company.

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Original Papers.

THE ESSENTIALS OF TOXICOLOGY.

By ARMAND SEMPLE, B.A., M.B. Cantab, M.R.C.P.
London, Physician North Eastern Hospital for
Children; Author of "Aids to Chemistry," &c.

(Continued from page 99.)

METALLIC POISONS.

COPPER, CUPRUM, Cu.

The most important salts of copper which have proved poisonous are the following:—The sulphate (blue stone, blue vitriol, or blue copperas); the nitrate; the carbonate (natural verdigris); the acetate (artificial verdigris); the chloride; the oxychloride (Brunswick green); arsenite of copper (Scheele's green); and the hydrated peroxide (contained in mineral green).

Symptoms of Acute Poisoning.—The copper salts in full poisonous doses act as irritants. There is an immediate astringent coppery taste in the mouth, accompanied by burning heat in the throat; then vomiting of green or blue coloured matters, and perhaps pieces of the salt may be found in the vomit. It is an easy matter to distinguish the vomit from bilious vomit, the former giving with liquor ammoniac a deep blue colour, the latter being unaffected by this re-agent. Within half an hour severe headache, dizziness, and thirst set in. The pulse is irregular and small, and there is excessive sweating. Severe purging, intense colic with tenesmus, troublesome eructations, suppression of the urine, spasms, and cramps are common, and in severe cases, tetanoid convulsions and complete unconsciousness may result. The special symptom is *jaundice*, which is nearly always present; in poisoning by mercury or arsenic, it is never seen. A purple line has been observed round

the gums a short time after the swallowing of the poison; in malachite workers a green line has been seen. Sulphate of copper has been used for producing criminal abortion.

Chronic poisoning is not very uncommon, in consequence of the many uses to which copper is applied. The premonitory indications are languor and giddiness, headache, constant thirst, loss of appetite, and a continual metallic taste in the mouth. After a time extreme muscular weakness, constant nausea, and the passage of loose motions of a dark colour set in, but severe colic and local paralysis are rare. A kind of jaundice and free sweatings of a greenish colour, staining the patient's shirt, are early symptoms; green or bronzed stains on the teeth, a green line round the gums, and a peculiar characteristic retraction of the gums, the edges of which are of a purple colour, have been observed. The hair is stated sometimes to turn of a green tint, and a vesicular eruption about the roots of the hairs on the pubes has not unfrequently been seen.

Treatment of Poisoning.—Vomiting should be encouraged by draughts of warm water, and, if necessary, the stomach-pump may be employed. Albumen (white of egg) and milk, mixed with sugar, should be administered freely. With albumen, copper forms an insoluble albuminate, upon which very little action is exerted by the acid juices of the stomach.

In chronic poisoning, all treatment is unavailing until the cause of the mischief is got rid of.

Post-Mortem Appearances.—The surface of the body will present a distinct yellow tinge. The contents of the stomach and intestines are generally of a greenish-blue colour, and yield a deep blue colour on touching them with liquor ammoniac. The mucous membranes of the intestines and stomach are generally thickened and inflamed, and those of the latter organ softened, or ulcerated, or even gangrenous. Perforations have been found in the small intestines, peritonitis being set up by the escape of their contents. Ulceration has been found in the rectum, and in most cases the lungs are congested.

Quantity required to Destroy Life.—Variable. One ounce of the sulphate has caused death, and recovery has occurred after an ounce, or even more.

Period at which Death takes place.—Variable. A fatal result has occurred in four hours; but, on the other hand, it has been protracted for three days.

Mode of Extraction from the Stomach.—Organic liquids in which copper is present are usually of a blueish-green colour.

A.—The contents of the stomach should be diluted with water. Hydrochloric acid should then be added, and after being shaken, the mixture should be filtered.

Sulphuretted hydrogen must be passed through the clear filtrate, the copper being precipitated as sulphide (blackish-brown). The precipitate should be collected and nitric acid added in order to form nitrate of copper, which may then be tested in the usual manner. If there be plenty of the copper

solution, a portion may be tested by placing in it a clean steel needle, and letting it remain in it for some time. The needle will then be coated by red metallic copper. This should be tested for copper, since a mere reddish deposit is difficult to distinguish from the formation of a little iron peroxide.

B.—A platinum crucible may be taken, and a small portion of the concentrated copper solution placed in it. Into this a few strips of zinc should be placed, and a drop or two of sulphuric acid added, the whole being then boiled. Wherever the zinc touches the platinum spots of metallic copper are deposited. These may be dissolved off in nitric acid, and the resulting solution of nitrate of copper tested in the usual way.

Tests for the Copper Compounds:—

1. Liquor potassæ gives a pale blue precipitate (hydrated oxide of copper), turning black (the peroxide) on boiling.

2. Liquor ammoniæ (a few drops of) gives a pale blue precipitate, which is dissolved in excess of ammonia, forming a beautiful *sapphire-blue* solution.

3. Yellow prussiate of potash gives a chocolate precipitate (ferrocyanide of copper).

4. Sulphuretted hydrogen and the clean steel needle tests described previously.

The purity of the copper foil used in Reinsch's test, *i.e.*, to prove its freedom from arsenic, may be shown as follows:—

A. When clean copper strips are boiled for some time with *pure* hydrochloric acid without apparent tarnish, the copper may be regarded as pure.

B. Ten grains of the copper should be placed in a small glass retort and heated with about twenty grains of the precipitated peroxide of iron and hydrochloric acid in excess. It should then be distilled to dryness in a little water. Any arsenic in the copper will be found in the distillate as chloride of arsenic.

(To be continued.)

HOW FUTURE MEDICOS ARE TAUGHT TO CARVE.

The following article, which appeared recently in the *New York Herald*, will be read with interest by English students:—

The outside world looks on students generally as a happy, careless, healthy, fun-loving class. They interest themselves to a huge extent in the annual games, football matches and regattas of the different colleges. Proud fathers, happy mothers, and pretty sisters and cousins throng the commencements and listen with pride and fugitive blushes to the orations of the embryo parsons, lawyers, and medics. But this is all the outer life of the student, the garb with which he clothes himself for the public gaze and interest.

It is altogether another matter when the student is at work, for, whether from choice or necessity, he has to do a certain amount of hard, painstaking study. This is true more particularly of the medical men, who, from their love of fun and indulgence in it, and, on the other hand, the amount of midnight gas which they consume, may be taken as a typical class of student life.

There is one branch of their course which medical men never neglect, no matter how idle or how busy they may be. In the dissecting room there is an attraction they cannot withstand. Whether it be morbid curiosity, whether it be an ardent seeking after knowledge, or whether it be simply a desire to learn of the fearful and wonderful construction of man, there is something in anatomy which draws the minds

of medical students instinctively to it. Few outside of the students themselves know anything of the dissecting room, the work done, or the course pursued. Visitors rarely enter it, and the students are jealous of their rights. It is not a pretty place to enter. The eye, though it may be fascinated, is not at all gratified. The nostrils wrinkle up in disgust as the mingled odour of disinfectants and something which disinfectants are powerless to smother rises up and salutes them.

SCENES IN A DISSECTING ROOM.

When a *Herald* reporter entered the dissecting room of one of the City Colleges the other night, there were about twenty-five men at work, busy with text-book and scalpel. On the slabs scattered through the room the subjects for dissection lay. Most of the bodies were those of men, generally middle-aged, though one or two of them had the fresh, healthy look of robust manhood. With aprons tied up round their necks, book on lap, and knife in hand, the students bent earnestly over their work. Some were removing the brain of their allotment, others were laying bare the muscles or arteries. Most of them smoked a well-seasoned pipe, or clung tenaciously to a cigar between their teeth. Each body is divided into five portions—the head and the right and left upper and lower portions of the trunk. After the head is removed, the body is severed across the abdomen, and the parts thus distributed. They are all drawn by lot. The head is the great desideratum, and the man who is fortunate enough to draw it, if he does not want to operate on it himself, is always able to dispose of it to good advantage. After the brain and muscles have been removed, the skull is boiled in a strong acid preparation, and the remaining flesh adhering to it removed. It is then dried, and ready for study of the different bones.

A GHASTLY SPECTACLE.

Subjects in all stages of dissection were on the different slabs. From some the limbs had been cut off, from others the muscles removed from the chest, with the sternum and ribs exposed. In the older subjects the flesh had generally dried up around the face, and the sightless eyes and wizened features presented a ghastly appearance in the strong light shining down on them. Other slabs were covered with long and narrow linen cloths. The cloths lifted, disclosed a fresh specimen, just brought in, and waiting its turn for the merciless scalpel. But the bodies did not seem to mind the cutting and hacking they were undergoing, any more than did the more or less scientific plyers of the sharp and glittering instruments. Some of them lay easily on their sides, in order to give the dissector a chance to strip away the muscles from the back. A long, thin subject lay stretched out on one of the slabs, with the flesh cut away from the attenuated limbs. A fat woman was bunched up in a heap, and from the lap of a bearded student her head seemed to gaze wonderingly on the trunk it once so imperiously ordered around. The arms of another subject hung idly over the side of a slab, and the head drooped dejectedly over the end.

"ONE MORE UNFORTUNATE."

One pretty girl of about twenty years, with the rich auburn hair shrouding her neck and arms, and a peaceful, quiet look on the pale face, alone seemed out of place in the ghastly gathering. She was as yet untouched by the knife, and the reporter's friend, who irreverently pulled the linen cloth from off her body, at once replaced it with a sigh.

"Yes," he said, in answer to a question, "she is one of a common enough class, and we occasionally fall in with them here. She was doubtless some girl from the country, or perhaps a too confiding shop girl, who, finding her trust betrayed, hurried to the river, a sudden plunge and all was over. Her father and mother at home in some little country village, doubtless think their daughter winning her way in the great city, but"—and a pause—"there are dozens of these cases."

"Where do you procure most of your subjects?" asked the reporter.

A smile came over the face of the friend as he replied:—

"You must not ask me too many questions. A good many of the 'stiffs' come from the Morgue and the hospitals, and others manage to find their way in some way or other. Would you believe it, but 'stiffs' have a regular market price of their own. It rises and falls as unevenly as stocks in Wall Street. Various causes bring about the variation in price. Cold weather, warm spell, rain, snow, frost, over production, the

number of students in the current term—all have their effect."

VARIATIONS IN THE PRICE.

"What are bodies worth?"

"That depends. When the term opens they start in at \$10; they are at a premium about Christmas, and bring as high as \$25. Then, as spring and the warm weather come and the term begins to draw to an end, the prices go down again, sometimes as low as \$3. I saw one sold last year for thirty cents, but I do not want you to think it was at all in prime condition. Besides, about that time the days were getting pretty warm."

The reporter's cigar was about smoked out by the time his friend had finished, and the combination of odours and disinfectants was rapidly incroaching on his sensibilities; so, bidding his friend a hasty adieu, and with a last glance at the silent students, and even more silent forms on the slabs, he took his departure from the dissecting room.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, MARCH 28, 1885.

EDITORIAL AND PERSONAL.

AN application has been made to the churchwardens and overseers of the parish of St. Luke, on the part of the inhabitants, to join in a memorial to the authorities of St. Bartholomew's Hospital for the removal of St. Luke's Hospital from Old-street to Dulwich; the request, however, has not been acceded to.

PROFESSOR F. S. B. F. de Chaumont, M.D., F.R.S., has accepted the presidency of the Autumn Congress of the Sanitary Institute of Great Britain, to be held in Leicester from September 22nd to 26th inclusive.

THE amount paid into the bank to the credit of the Manchester Hospital Sunday Fund up to the present time is £4,716 16s. 6d., and to that of the Hospital Saturday Fund, £2,780 19s. 5d., the two sums making a total of £7,497 15s. 11d.

THE Royal Zoological Society of Ireland proposes to hold a *conversations* on Saturday evening, April 11th (during the visit of H.R.H. the Prince of Wales), and the President and Council of the Royal College of Surgeons have granted the use of the College museums and buildings for the evening.

THE annual meeting of the subscribers to the Poplar Hospital for Accidents was held on the 18th inst. The number of in-patients admitted during the past year was 612, and the out-

patients treated were 7,289. The total receipts amounted to £3,624, and the expenses to £3,054. It was decided that the Committee should contribute £150 towards the expenses of a Convalescent Home at Southend.

A CONFERENCE of the Metropolitan Provident Medical Associations was held on Saturday last, at Lamb's, Conduit-street, Bloomsbury, under the presidency of Mr. W. Bousfield, when a paper was read by Mr. Robert Frewer, secretary of the Hospital Saturday Fund, entitled "Is it possible to largely increase the work and usefulness of the London medical charities without adding to their present income?" Mr. Frewer, in the course of his paper, stated that about one and a quarter million of the inhabitants of London were annually relieved by the hospitals and dispensaries, and that no less than 6,000 beds were constantly occupied by in-patients, and it was to the great glory of the medical profession that they were not appalled by the magnitude of the work. He, however, believed that the successful establishment of a complete network of dispensaries, in accordance with the scheme of the Metropolitan Medical Institution, would go far towards removing many of the abuses now existing in connexion with the out-patients' department. He was of opinion, however, that the so-called abuses of the out-patients department had been exaggerated. Referring to the finances of the hospitals and dispensaries in the metropolis, Mr. Frewer said that he gathered from their last annual reports that the last year's income of 72 hospitals and 39 dispensaries (exclusive of Guy's, St. Thomas's, and St. Bartholomew's Hospital) was £765,000; the relief was given to 68,500 in-patients and 1,168,000 out-patients. An average of 6,000 beds were occupied during the year, and there were about 4,000,000 attendances of out-patients. An analysis of those figures showed that each attendance of out-patients cost 8½d., and every bed occupied cost £1 14s. 4d. per week. In three of the largest hospitals he found the beds were maintained at a cost of £1 9s. 10d. per week, and at 7½d. per attendance, while at three of the smallest hospitals the cost per bed was £1 8s. per week, and 7d. per head for out-patients. How was it, he asked that one small hospital of good repute, but with only 17 beds occupied on an average, was able to maintain each bed at a cost of 25s. per week, while the larger hospitals, having 282 and 187 beds, were only able to maintain those beds at a cost of £1 13s. 6d. per bed per week. The cost per bed for special hospitals ranged from £1 to £5, and the cost per attendance for out-patients ranged from 3d. or 4d. to 3s. or 4s. One consumptive hospital maintained 30 beds at a cost of £1 7s. each per week, and another institution of the same character had 19 beds at a cost of £2 10s. each. Having referred to the comparative figures per head of lying-in, women's and children's and other hospitals and dispensaries, Mr. Frewer, said that such hospitals as King's College, Westminster, the London, and the Metropolitan Free were able to maintain every bed occupied at a cost of 25s. per bed, and less than 6d. per attendance for out-patients, in a state of efficiency, and he asked

why the average reached £1 14s. 4d.? If it were possible to reduce the average expenditure of those 111 hospitals and dispensaries to the former figure, they would be able to provide 7,000 instead of 6,000 beds, and have 5,000,000 attendances instead of 4,000,000 given. An animated discussion followed the reading of the paper, in which Sir Charles Trevelyan, Mr. E. Lushington (the treasurer of Guy's), Mr. Hamilton Hoare, Mr. Bousfield, and Colonel Montefiore took part.

THE *Times* correspondent in India states that a story is going the round of the Anglo-Indian press, without contradiction, that the Ameer Abdur Rahman has lately suffered much from toothache, and that he was desirous of obtaining the assistance of a well-known dentist in Upper India; but although the dentist was willing to go to Cabul, it is stated that the Indian Foreign Office would not allow him to accept the Ameer's invitation. The story seems incredible, and is probably false; but there is no doubt that these trifling matters are often productive of grave consequences, and if false the report should be contradicted.

After the Easter Recess, there will be annexed to the dissecting room of the Liverpool University College School of Medicine, a museum of frozen sections, osteological specimens, anatomical diagrams, etc., intended to increase the facilities afforded by this school for anatomical study. We congratulate the Liverpool students on the additional help they will thus receive in the pursuit of their anatomical studies.

A MEMORIAL, signed by upwards of 50 Liberal members of Parliament, has been presented to the Prime Minister, urging him to introduce and carry through a Bill for the repeal of the Contagious Diseases Acts before the present Parliament is brought to a close. Mr. Gladstone, in reply to the senders, says he "fully recognises the importance of this representation; but feels confident that they will not expect him to give any pledge on the subject beforehand, especially at a moment when the time of Parliament is forestalled, under exceptional circumstances. He anticipates, however, that some statement will in all probability be made before the end of the session, indicating the views and intentions of the Government regarding this matter." A memorial to a similar effect has been presented to Mr. Gladstone, by Mr. Caine, M.P., from the Political Committee for Repeal of the Acts, and 130 other persons in the country. Mr. Gladstone, in the course of his reply, says that he is alive to the importance of the representation, and can promise to give it careful consideration. He presumes that his correspondent will make known his views to Lord Northbrook, who will speak in the Cabinet, on behalf of the Admiralty, with special authority when this subject comes to be discussed.

THE Volunteer Medical Staff Corps is to be enrolled on April 1st. For the past year, however, the members have been drilling and acquainting themselves

with the many duties devolving upon them. They are so far advanced, that it is believed the greater portion of the members of the corps will be pronounced efficient when enrolled. On Saturday, March 14th, the corps paraded, 300 strong, at Wellington Barracks, when it was inspected by Sir Guyer Hunter, K.C.M.G., in the presence of the Director-General of the Army Medical Department, Surgeon-General McKinnon, Brigade-Surgeon Don, General Elkington, General Hall, and others. The corps, under the command of Mr. Cantlie, F.R.C.S., executed battalion movements with precision, and the stretcher drill was excellent. Seven companies were on parade, drawn up in order of their enrolment, viz., Charing-cross, University, London, St. Bartholomew's, Middlesex, St. Thomas's, and Guy's. Two companies of the corps are going to take part in the Brighton Review.

WE regret to announce that Professor Morrison Watson, Dean of the Medical School, and Professor of Anatomy at Owen's College, died on Wednesday last, under sad circumstances. He burst a blood-vessel in the head whilst lecturing to his class six weeks ago, and had been unconscious nearly all the time since.

A SAD case of poisoning occurred on Tuesday at Chatham. A child, aged six years, the son of Dr. Holroyde, having been recently indisposed, was given by Mrs. Holroyde a liniment in mistake for a draught which had been prepared for the child by its father. The mistake was immediately afterwards discovered; the child being seized with violent convulsions, but notwithstanding prompt medical aid the poor little fellow succumbed.

THE *Lancet* states that her Majesty's Government has consented to distribute gratuitously to each registered member of the medical profession in the United Kingdom a copy of the revised edition of "The Nomenclature of Diseases," which has been prepared with much care and labour by the Royal College of Physicians. It is expected that the work will be in the hands of the profession within two months from the present time.

DR. HENRY TOMPKINS, on the occasion of his leaving the Monsall Fever Hospital, in connection with the Royal Infirmary, Manchester, to which institution he has acted as resident medical officer for the last six years, was entertained at dinner on the evening of the 6th inst., at the Albion Hotel, Piccadilly, by a few of his friends and old fellow-students.

THE avowed intention of the Lord Mayor of Dublin to haul down the civic flag during the sojourn of T.R.H. the Prince and Princess of Wales in Ireland, is said to have excited the loyal indignation of the medical students of Dublin; and these determined defenders of the respect due to the English heir-apparent are reported to have abstracted the mayoral ensign from the Mansion House, with the intention of giving it due prominence at the time of the reception festivities. Whatever truth may have

been contained in the rumour, it has seemed necessary to the authorities to deny its accuracy, and accordingly an announcement was published in Wednesday's papers contradicting the statement. Whatever the truth may be, however, we feel quite assured that the students of medicine in Ireland will do their duty right loyally on the coming occasion, and will valiantly maintain the traditions of the profession.

Those delightful enthusiasts who have so long assisted to convert the happy town of Leicester into a field ripe for the reception of small pox, and a fitting soil for its most luxuriant growth, treated one another to a "grand demonstration" on Monday last, when they turned out in their thousands to join in the exhilarating and satisfying sport of burning the Vaccination Acts. It must have been an imposing spectacle, that of twenty thousand simple fools assembled together in public declaration of their own crass and sinful ignorance; and had the dread scourge they thus seductively invited into their midst, a personality, how grateful would it be to see the spontaneous sacrifice offered in this way to its greatness. We read that a prominent place in the procession of those thus loyal to disease was taken by the five thousand persons against whom summonses have been issued for non-compliance with the law relating to the vaccination of their children; and it is in truth an edifying evidence that they afford to the degree of human misery that may be the result of a fanatic's acts and preachings. By-and-bye the town that is distinguished above all others, as the slave of anti-vaccination agitators will be decimated by the disease that is thus openly courted within its limits; and then a few more fathers, rendered childless and desolate by the ravages of that, the power of which to harm them they have so long scouted, will be numbered among the suicides of remorse; a few more apologetic speeches will be made by the leaders, who live on the pennies of the victims they delude; and the tragic comedy that is now being enacted at Leicester will be re-performed in some other equally credulous, but as yet inexperienced, centre of population.

University, College, and Hospital Intelligence.

ST. BARTHOLOMEW'S HOSPITAL.

HARVEY PRIZE.—The Examination in Practical Physiology, for second year students, for which this prize is annually awarded, was held on Friday last, March 20th, in the Physiological Laboratory. There were 28 candidates present at the Examination, and the result was as follows:—1. Hankin, E. H.; 2. Williams, W. S.; 3. Heaton, G.; 4. Colby, G. G. E.; 5. Blackman, F. J.; 6. Bokenham, T. J.; 7. Bird, R. The prize was awarded to E. H. Hankin; the remaining six gentlemen receiving certificates of proficiency in Practical Physiology.

STUDENTS' SMOKING CONCERT.—The Musical Society of this hospital gave a smoking concert on Monday evening, March 23rd, in the library. The large attendance, both of the staff of the Hospital and Medical School, afforded encouraging evidence of the interest taken in the recreation, as well as the studies of the students. We observed among those present:—Sir S. Waterlow, Mr. Willett, Mr. Marsh, Mr. Butlin, Mr.

Walaham, Mr. Bruce Clarke, Dr. Moore, Mr. Lockwood, Mr. Boulby, Mr. Jessop, Dr. Collins and Dr. Tooth. The Rev. W. Ostle, Father Fleming, and Mr. Cross were also present.

The Junior Staff of the Hospital was well represented by Messrs. Lewis, Tayler, Spicer, Steedman, Laurence, Lancaster, Brinton, Bullar, Roughton, Wallis, and Colville. The attendance of students was good, although there existed room for improvement in that respect.

The programme was very well received throughout, those deserving special mention being, in Part I., the vocal quartette "Banish, Oh Maiden," by Messrs. Combes, Skelding, Andrewes, and Gladden, the last named of whom is rapidly becoming one of the leading basses of the Society. Mr. Wood's clarinet solo earned a well merited encore, the way in which the instrument was handled showing a thorough proficiency. Mr. Evill's, "The Duke of Seven Dials," received an encore. By far the *pièce de resistance* of the 1st part was, however, Beethoven's Piano Concerto No. 2 in B flat major, in which the piano solo was very effectively rendered by Mr. Burns.

Part II. opened with the overture from Mozart's "Titus," which was excellently performed. The well-known part songs, "The Two Roses" and "Hark to the Rolling Drum," were well rendered by the vocalists to whom they were entrusted. Haydn's trio for violin, violoncello, and piano was given with great taste. "The Three Chafers," vocal quartette, earned deserved applause. Messrs. Wallis and Evill then distinguished themselves by their rendering of "Do you think so," with additions relating to the current events in the Medical School. "Evening," part song, was then given, and a very enjoyable evening was brought to a close about 11.15 by the singing of the National Anthem. The rôle of conductor was ably taken by Mr. Griffith.

VICTORIA UNIVERSITY, MANCHESTER.

The regulations for degree in medicine and surgery of the Victoria University for 1885, have just been issued. For the preliminary examination in science, the subjects are:—Elementary mechanics, organic and inorganic chemistry, qualitative analysis, biology, physics, heat, electricity, magnetism, geometrical and physical optics, and acoustics. The Intermediate M.B. comprises, anatomy, physiology, histology, materia medica, and pharmacy. The Final M. B., systematic surgery, pharmacology and therapeutics, general pathology, systematic and clinical medicine, mental diseases, practical and clinical surgery, obstetrics and diseases of children, morbid anatomy, forensic medicine and hygiene. For the C. M. Degree, surgical anatomy, surgical pathology, practical and clinical surgery, and ophthalmology. The examination in science occupies a whole week; the intermediate, five days; and the final M. B. nine days; on most of the days, the examination commences at 10 a.m., and ends at 5 p.m.

EDINBURGH.

UNIVERSITY COURT.—At the last meeting of the University Court a letter was received from the Registrar of Victoria University, Manchester, from which it appeared that University College, Liverpool, had been admitted as a college of Victoria University, and that the Professors of that college ranked as Professors of that University with the Professors of Owens College, Manchester. Thereupon it was resolved that such of the Professors of University College, Liverpool, as were recognised under sec. vi. (4) of Ordinance, No. 8, Edinburgh, No. 3, as teachers of medicine whose courses of instruction should qualify for graduation in medicine in the University of Edinburgh, should be removed from the list of such teachers, they being now entitled, without any special recognition, to the more extended privileges of University professors in connection with such graduation.

The following "gem" hails from Berhampore, in the Madras Presidency. It is the duty of the tahsildar (head man of the village) to send in to the collector, or head officer of the district, a periodical return of all diseases, births, marriages, deaths, &c., in his village. In one of these returns, the collector discovered that there were no births shown, and called upon the tahsildar for an explanation. He replied, "Your honour will find the births included under the heading, 'Bowel complaints.'"

Medical News.

VACANCIES.—Brighton and Hove Lying-in Institution—House-Surgeon. Salary, £120 per annum. Applications by April 17th. Chelsea Hospital for Women—Resident Medical Officer. Salary, £60 per annum. Applications by March 31st. Chester General Infirmary—House-Surgeon. Salary, £80 per annum. Applications by March 28th. City of London Hospital for Diseases of the Chest, Victoria Park, E.—Resident Clinical Assistant. Applications by March 30th.—East Retford Dispensary—Medical Officer. Applications to the Rev. W. Homfray, West Retford Rectory, Retford. General Hospital, Birmingham—Resident Medical Officer. Salary, £130 per annum. Applications by March 28th. Hospital for Sick Children, 49, Great Ormond Street, W.C.—Assistant Physician. Applications by April 1st. Liverpool Infirmary for Children, Myrtle Street—Assistant House-Surgeon for 6 months. Applications to H. R. Robertson. Liverpool Royal Infirmary—Resident Medical Officer. Salary, £100 per annum. Applications to the Chairman of the Committee, by March 30th. Parish of Kensington—Resident Assistant Medical Officer. Salary, £120 per annum. Applications by March 28th. West London Hospital, Hammersmith—Assistant-Surgeon. Applications by March 30th.

APPOINTMENTS.—Arthur Foxwell, B.A., M.B.Cantab., M.R.C.P.Lond., Assistant-Physician to the Birmingham General Hospital; Sydney H. A. Stephenson, M.B., Resident Medical Officer to the Rochdale Infirmary.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 12th of March, 1885:—George Frederick Aldous, St. Bartholomew's Hospital; Thomas Arthur Collinson, King's College; Ernest Henry Ellison, King's College; Evan Lewis Hickey, King's College; William Edmund St. Michael Raw, London Hospital.

THE "MEDICAL REGISTER."—The new issue of the *Medical Register* has, under the able and indefatigable editorship of the Registrar of the Medical Council, Mr. Miller, just been issued, and it bears evidence of the continued efforts that are made to make it as complete in every detail as it is possible to secure. It contains for the first time a table giving the number of persons whose names have been entered in, added to, or removed from the *Register* for each year, from 1876 to 1884 inclusive. The total number of practitioners on the *Register* is 25,321, being 804 more than in 1884, and the rate at which the list is steadily growing suggests an instructive lesson on the future prospect of medical practice. It is computed that about twice as many names are added each year to the *Register* as are removed from it through death, and certainly the rapidity with which the number of medical men increases far exceeds the growing needs of the population, as evidenced by the excess of the birth-rate over the death-rate. Sooner or later this question will have to be fully considered, and a remedy found for the over-stocked nature of the profession, consequent on the too large influx of newly-fledged practitioners each year.—*Medical Press.*

MEDICAL SICKNESS, ANNUITY, AND LIFE ASSURANCE SOCIETY.—A meeting of the Executive Committee of this Society was held in London on Wednesday last, at the residence of Dr. W. M. Ord. There were present—Dr. W. M. Ord, Dr. W. Clibborn, Dr. T. M. Dolan, Dr. D. Havilland Hall, Mr. E. Bartlett, Mr. M. Greenwood, jun., Mr. J. Brindley James, Mr. F. Wallace, Mr. S. W. Sibley, and Mr. E. Noble Smith. It was reported that ten new proposals had been received in the four weeks since last meeting, making the total to date 651. The balance in favour of the Society was stated to be £4,689 2s. 10d.; and, as the quarterly premiums were now being paid, this might be expected to be increased to about £5,400 in a few days. During the four weeks, £62 8s. had been disbursed for sickness-pay, and it was stated that already claims had been paid for sickness of a widely-varying nature—from severe accidents to the ordinary forms of temporary disablement. The rate of sickness up to the present, however, compared very favourably with the data on which the tables were founded. The question of further investment of funds was considered, and it was decided to invest from £2,000 to £3,000, at a good rate of interest, on the security of

borough rates. All information as to this Society may be obtained of the Secretary, Mr. C. J. Radley, 26, Wynne Road, Brixton, S.W.

Examination Questions.

APOTHECARIES' HALL.

THE following questions were given at a recent "final" examination:—

Anatomy.—1. Describe the ligaments of the hip joint, and the muscles in relation with the joint.

Pathology.—1. What are the causes of delay or non-union of fractures? What may be the condition of the bone-ends? 2. What is the nature of the changes of bone in rickets, and what common bone deformities are met with in this disease?

Surgery.—1. What are the symptoms and treatment of extravasation of urine? 2. What are the symptoms and differential diagnosis of fracture of anatomical and surgical neck of humerus? How would you treat a fracture of the surgical neck? 3. Enumerate the different forms of talipes. What tendons may require division in each? 4. Give symptoms and treatment of a case of strangulated inguinal hernia. What is meant by an obstructed hernia, and how would the symptoms and treatment differ from those of strangulation?

One question on Anatomy to be answered; one question on Pathology to be answered; three questions on Surgery to be answered.

Some of the questions asked in *viva voce*:—

Surgical Anatomy.—Candidate asked to put patient in position for the operation of lumbar colotomy. Then asked on which side it is generally practised, landmarks for incision, direction of incision, structures cut through. What bony prominences can be felt on inner side of foot, from heel to toe, and on outer side in same position? What are the ligaments of the ankle-joint?

Surgery.—Lower end of femur (articular surface) in early stage of chronic rheumatic arthritis shown. Questions asked on pathology, course, and treatment of that disease. Questions also asked on stricture of urethra, its symptoms, treatment, and prognosis. On symptoms and treatment of concussion of brain. Dislocation of jaw: its symptoms and treatment.

In addition to above, two patients have to be examined. Candidate has to write report on one, giving diagnosis, prognosis, and treatment, and is questioned *viva voce* on the other.

THE HOSPITAL SHIP "GANGES."

A CORRESPONDENT of a Liverpool paper gives the following description of the wards and medical arrangements of the hospital ship now stationed off Suakin:—"Two glass doors on the after part lead into the officers' wards and nursing sisters' sitting and sleeping rooms. These wards are numbered one, two, three, and four—each containing four iron swinging cots. The cots, as also the sides and decks of the wards, are painted a delicate green, and present a very cool and comfortable appearance. Punks hang over each bed, and mosquito-curtains and canvas screens are fitted—the former to keep flies and mosquitoes off; the latter to hide any distressing case from the other patients. A pretty sitting-room, with baths, &c., attached, joins these wards, and is exclusively for the use of the sick officers. A handsome staircase leads from this part immediately on to the quarter-deck. There is also a gangway for the convenience of the nursing sisters, leading into the convalescent ward below, or to the orlop deck. This ward is fitted with tables and benches, and can accommodate sixty cots, or 107 hammock patients; hammock and swinging canvas cots only are used in it. A gangway on the fore side of this ward leads into the general ward above. On the main deck: Forty-three cots are fitted here—the paint, curtains, punks, &c., being similar to those in the officers' wards. This ward also contains a large lavatory, two bath-rooms, the nursing sisters' kitchen, with scullery and dresser attached; an operating-room, and a dispensary—the latter presenting a wonderful appearance, with its goodly array of bottles, &c., such as can surely seldom be seen outside a chemist's shop. The

serious case ward is immediately underneath the general one and is gained by two large stairways. It is similar in every respect, as regards fittings, &c., to the ward above, and contains thirty-eight iron cots. The medical staff corps are on the deck immediately before this—their messroom being large and roomy, and contains the prison and lunatic ward. Condensers, capable of condensing 6,000 gallons of water, were placed on board the ship prior to leaving London. There is, also, a large refrigerator; and so it is always possible to get ice or iced water, even in the very hottest weather.

"The *Ganges* is painted white, with a deep red band around her, and her funnels are painted yellow, similar to the naval ships. She presents a cool and comfortable appearance amongst the many craft now stationed at Suakim. The following names are those of the officers of the ship and medical staff:—C. Saura, chief officer; F. J. Davis, second officer; A. A. Chichester, third officer; W. W. Cooke, fourth officer; Brooke Pigot, fifth officer; J. J. Egan, surgeon; and Mr. Gattrell, chief engineer. Surgeon-Major Gribbon, principal medical officer; Surgeon-Major Bolt, Surgeons Hoysted, Drury, and Butterworth, and Quarter-Master Horn—as also Drs. Pigott and Lake, of the National Aid Association, constitute the medical staff of the ship.

"The vessel is well ventilated; and no less than twenty men are employed daily in keeping the ship's decks clean and attending to the ventilators. All the arrangements were carried out under the special supervision of Captain Brownlow, C.B., assisted by Captain Smith, R.N., and these gentlemen deserve great credit for the way in which the ship was turned out of hand. With such a ship for a hospital, and skilled men as doctors, and gentle ladies, with tender hands, to smooth the pillows of the sick, surely many a mother's heart shall be lighter when she thinks of her boy who is ill at Suakim; and many a wife, or sister, or friend in England will echo with us the words of the Prince of Wales, when he was leaving the steamer in London Dock, 'Success, and God speed to the *Ganges*.'"

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

STUDENT (London).—We should advise you to write to Dr. A. M. Buchanan, 92, St. George's Road, Glasgow, for particulars as to Anderson's College. Class fees of some of the Scotch Schools of Medicine are frequently altered.

MR. D. P. KENNA, Mr. W. E. Raw, and W. McLean are thanked for valuable contributions to our columns.

MR. H. G. STRAYVENSON (Manchester).—You must have misread the regulations. Under any circumstances you will not be eligible to present yourself for examination until November next.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. C. E. Armand Sempé, London; Dr. J. Brindley James, London; Mr. Cox, London; Mr. W. McLean, St. Bartholomew's Hospital; Mr. W. Griffiths, London; Mr. W. E. Raw, Stoke Newington; Mr. D. P. Kenna, Dublin; Mr. F. W. Tunnicliffe, London; Mr. W. F. England, Liverpool; Mr. Roope, London; Mr. A. Jones, Bristol; Mr. W. P. Johnson, Brighton; The Secretary Stereoscopic Company; Dr. Carrington, London; Mr. J. Dubash, London; Mr. G. A. Hawkins-Ambler, Huddersfield; Mr. Ledlie, Newry, &c., &c.

BOOKS, PAPERS, &c., RECEIVED.—Vaccination, by J. Walter Carr, M.R.C.S., House-Physician to University College Hospital—On the Coca of Peru, by J. L. W. Thudichum, M.D., F.R.C.S., Lond., late Lecturer on Pathological

Chemistry at St. Thomas's Hospital; London: Baillière, Tindall, and Cox, 20, King William Street, Strand—Health Report of the Borough of Hastings—Report of the Tottenham Sanitary Association—British Medical Journal—Medical Times and Gazette—Medical Press—New York Medical Record—Le Progrès Médical—Canada Lancet, &c.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

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The Editor has to acknowledge, with his warmest thanks, the valuable assistance he has received from Mr. ROSS, Curator of the Museum of St. George's Hospital, and lately Assistant

Demonstrator of Anatomy, who has not only prepared all the dissections from which the new illustrations have been drawn, but has also bestowed a large amount of labour in investigating certain points in Anatomy about which there is a difference of opinion in the various text-books on the subject.

The Editor's best thanks are also due to Mr. CHOMPTON, Demonstrator of Histology at St. George's Hospital, for the great care and trouble which he has taken in drawing the new microscopical illustrations which have been introduced into the present edition.

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Notes by the May.

HITHERTO it has been generally recognised that the colonies present a suitable field for the reception of medical men who find the old country overcrowded. This was so up to a recent period, but unfortunately nearly every corner of the globe where the English language is spoken is over-stocked with needy practitioners. On this subject a correspondent writes as follows to the *British Medical Journal*:—"You will be conferring a great benefit on many members of the profession by inserting this letter in your Journal as a caution to them not to come out here. I have lately arrived, after selling my practice at home, and am struck at the enormous extent to which medical practice is overdone in the colonies; not a ship arrives but that it brings one or two medical men, in some cases with their families, and this has already resulted in disappointment and great expense, on account of their having to retrace their steps. During the past few years so many have arrived, and the universities have also been turning out their own men, that the country is overfull, and, as a necessary consequence, underselling is going on, and, in Sydney, a gentleman has started a provident dispensary. The population which pours into America does not do so here; and if farmers are washed out in England, they are burnt out here for want of rain; in many parts, no rain falls for upwards of a year. In the whole of these colonies, there are not, at the present moment, a dozen practices, genuine or not, for sale."

THAT the "dispensary" should have been started in Sydney shows that medicine must be in a bad way in that city. Wherever these so-called "Provident Dispensaries" flourish, one may take it for granted that doctors generally in that neighbourhood have to be content with low fees. A few days ago I met an old friend, now practising in the neighbourhood of the City Road. He was crying out bitterly against the provident system, against which he could compete only by lowering his fees. Whereas formerly he could command two shillings and sixpence as a minimum fee for a visit and medicine, he is now frequently obliged to be content with a modest eightpence. But even provident dispensaries do not succeed at all times as their promoters would desire. Some time ago the Metropolitan Provident Dispensary Association, which is championed by the Hon. Mr. Stansfield, M.P., started a branch dispensary in the Goswell Road, Clerkenwell, but I observe that they have recently been obliged to close their doors, and the shop is now "To Let." In time the public will, no doubt, learn that the modern medicine providence is a delusion and a snare.

Reports which reach me are trustworthy, the medical education of women seems to be in a bad way, and bids fair to die a natural death. Last session, I hear, there were only three new entries at the Women's Medical College, and the funds of

the institution are said to be so low that great difficulty will be experienced in paying the fees for the clinical instruction of the dear girls by that gallant surgeon, Mr. Gant and his colleagues, at the Royal Free Hospital. The fact is now becoming recognised that medical women must of necessity be a failure in this country, as their own sex, as a rule, will place no confidence in their skill. Of all the medical women now on the register, I am told that there are not more than two who are making sufficient to maintain their position through the practice of their profession.

Cases of hydrophobia appear to be very much on the increase of late, so much so, indeed, as to give rise to considerable alarm. At one time, hydrophobia was so rare, that many medical men had doubts as to the existence of such a malady; but the constant occurrence of well-marked cases, after recent bites by mad dogs, must have convinced the most sceptical. The good people of Sheffield are greatly excited just now in consequence of the numerous rabid dogs which have recently taken to prowling about their streets, seeking victims; and the police have been instructed to destroy all dogs without ceremony which manifest symptoms of madness. Many have been so killed, including one brute which had bitten fourteen other dogs before a well-aimed bullet put an end to its mad career.

THE little joke which the students of Trinity College, Dublin, perpetrated at the expense of the Mayor of that city, in surreptitiously temporarily appropriating the civic flag, has apparently given mortal offence to the handful of natives who arrogate to themselves the title of "Nationalists," and it is now found that what was intended as a piece of pleasantry has created a very bitter feeling, which, however, is more than counterbalanced by the good effect produced upon the Mayor of the city. His mind is, by this time, doubtless, clear of the delusion that disloyalty to her Majesty is very general in Dublin.

DR. BENJAMIN WARD RICHARDSON has been paying a great deal of attention for some time past as to mode of life, sanitary condition, &c. of those who may be termed the wandering tribes of Great Britain, such as the vagrant, pure and simple, the itinerant hawker, and the gipsy, and the conclusion to which he has arrived is that poverty, even when approaching destitution, does not necessarily lead to a life attended by those diseases which sanitary officers are appointed to discover and remedy. Hence it could be seen how mighty a disinfectant we had in the open air, for it was tolerably certain that the homeless classes carried no infection from places where they visited, in fact in the pure air was the one and true virtue of disinfection. This, however, is Dr. Richardson's view of the case, but I have heard doctors, who know the history of disease in the common lodging houses of country towns, express an entirely opposite opinion.

By the way, I have not heard much of Dr. Richardson's candidature to represent a Metropolitan borough in Parliament, lately. The profession generally would like to see him in the House, because of the assistance he could render to sanitary legislation, although his general political creed would not, I venture to think, quite fit in with that of the majority of medical men.

DR. MAKUNA and MR. IDRIS DAVIES, the unqualified practitioner of Ystrad Rhondda, are still at loggerheads. At the local Petty Sessions, held on 30th March, both of the above-named practitioners appeared in answer to summonses charging them with infringing the law. Davies was charged with taking and using the title of doctor of medicine, thereby implying that he was registered under the Medical Act of 1858. According to the evidence, Davies has practised as a colliery doctor for many years past, and on the 10th of January last, he gave a certificate signed "Idris Davies, M.D., L.M.I." The fact was not denied, but it was contended that he had not wilfully deceived the public, and he was entitled to use the initials "M.D.," on the strength of an American diploma. The stipendiary magistrate remarked that he did not think there had been any wilful intention to defraud the public, but there had evidently been an infringement of the law, which would be met by inflicting a fine of two guineas, and costs. Dr. M. D. Makuna was then charged—whether at the instance of Idris Davies or not, is not stated—with putting upon his door, a plate announcing himself as "Dr. Makuna," thereby implying that he was a doctor of Medicine, when in reality, he was only a Licentiate of the Royal College of Physicians. Evidence was given, showing that this was the general practice in the profession, and the case was dismissed. This decision is moreover in accordance with the law, for it has been laid down by eminent authorities, that a duly qualified and registered practitioner of medicine can take any title designating his calling or profession. All medical practitioners should agree to take the title of "Dr.," and thus settle the vexed question of medical titles, once for all.

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By ARMAND SEMPLE, B.A., M.B. Cantab, M.R.C.P.
London, Physician North Eastern Hospital for
Children; Author of "Aids to Chemistry," &c.

(Continued from page 106.)

METALLIC POISONS.

LEAD, PLUMBUM, Pb.

From a medico-legal view, the most important salts of lead are the acetate and carbonate; but in medicine, the two oxides, the sub-acetate and the sulphate, chloride and nitrate, are used.

Symptoms.—In Acute poisoning the symptoms are those of a weak and rarely fatal irritant poison. Soon after swallowing there are dryness of the throat, metallic taste, and thirst. The prominent indication is severe and frequently intermittent colicky pain, chiefly referred to the umbilicus, and to which pressure gives relief. There is usually much rigidity of the abdominal muscles. The pulse is very slow and weak; the face anxious, and dingy looking, and there is extreme prostration. Constipation is invariably present, the muscular coat of the intestines being paralysed (thus differing from most irritant poisons). The urine is very red, and generally scanty. With the progress of the case, cold sweats, severe cramps, paralysis of the lower limbs, and often tetanoid spasms, and convulsions occur. Vomiting is not constant, and the mind is generally clear to the end.

Treatment.—At first free vomiting should be encouraged with warm water or sulphate of zinc, or the stomach pump may be used if these measures fail. The proper antidotes are the soluble earthy and alkaline sulphates; sulphate of magnesia is certainly the best, and it may be exhibited freely with eggs. For the relief of pain, opium may be given; and if much constipation is present, purgatives should be employed. Injections are frequently useful. Since carbonate of lead is itself a poison, carbonates are clearly contra-indicated.

Quantity required to Destroy Life—Variable. One drachm of the acetate has been taken for ten days daily before symptoms of poisoning appeared; one ounce has been taken without effect, and on the other hand, alarming results have followed from two drachms, and mere medicinal doses have given rise to symptoms of acute poisoning.

Period at which Death takes place—Variable. Death has resulted at the end of three days, and cases are recorded of two children who died in thirty-six hours after swallowing Goulard's extract (a solution of the subacetate of lead).

Chronic lead poisoning (saturnine poisoning) may take place in three ways:—

1. Where the lead has been swallowed, as in drinking water, &c.
2. Where it has been applied externally, as in using hair dyes and cosmetics.
3. Where it has been inhaled, as with artists and painters generally.

The progress of the symptoms is often slow. At first there are indigestion, intense depression, and obstinate constipation; then loss of appetite, unquenchable thirst, intensely foetid breath, and constant metallic taste in the mouth. The countenance is dull and anxious. Fever is unusual, and the pulse is normal. Colic is a frequent symptom, and the navel is retracted. If the bowels act, the motions are blackened from the formation of sulphide of lead, and their passage is attended by pain. The urine is generally scanty, and micturition is painful. Vaginitis in the female is frequently observed.

Sometimes a case will end favourably, but at others a variety of apoplexy ensues, rapidly proving fatal with convulsions and coma. In a large majority of cases, lead paralysis appears. This symptom may arise after a single attack of chronic poisoning, but it usually ensues after a succession of attacks, and it has occurred in the absence of any attack whatever.

It is remarkable that the upper limbs, especially the extensor muscles, are the most liable to be attacked, and the extensor muscles of the forearm (dropped wrist), and arm are those in which the loss of power and wasting are first observed.

The great sign, however, is the *blue line* in the gums fringing the margin of the teeth. It occurs very early, and is very rarely wanting.

This line is due to the action of sulphuretted hydrogen, derived from the fluids of the mouth, upon the lead circulating through the capillaries.

Iodide of potassium is considered a useful remedy in chronic lead poisoning, and it may be given in doses of five to ten grains daily. Sulphate of magnesia, with diluted sulphuric acid, is exceedingly valuable. Opium and castor oil, and even croton oil, have proved serviceable. When the dropped wrist is well marked, business must be given up, and friction and electricity may be advantageously employed, and strychnia internally may confer benefit. With those exposed to lead by their occupation, preventive measures are of extreme importance, viz: great cleanliness, the clothes being made of compact linen, and not of woollen material. The diet should be very digestible, and before eating, the teeth should be well brushed. Sugared water, with sulphuric acid, should be employed as a beverage. Free currents of air should be allowed to pass through the workshops to carry off any floating metallic particles.

The action of water on lead is worthy of note. The corrosive action of water on lead is decreased by the presence of sulphates, carbonates, and phosphates; whereas its action is increased by chlorides, nitrites, and nitrates.

Post-Mortem Appearances.—In acute poisoning frequently no marked effects have been seen. Sometimes inflammation of the intestinal canal has appeared, and the intestines have been generally found contracted. The stomach, at times, has looked white, as if through the corrosive action of the metal.

In chronic cases nothing specially definite has been seen, with the exception of the large intestines being contracted, and the specially affected muscles being flabby and whitish, somewhat resembling white fibrous tissue.

Post-mortem examination however, has shown that the bones contain more lead than the kidneys and liver. The muscles, blood, and intestines less than other parts, even than the spinal cord and brain.

Mode of Extraction from the Stomach.—1. The contents of the stomach should be first treated with water and nitric acid added, in order to form the soluble nitrate of lead. Then sulphuretted hydrogen should be poured through the solution. If the lead has been rendered insoluble by albumen or casein nor-

mally present, or by the antidotes administered, then the materials should be incinerated, and the ash dissolved by heat in diluted nitric acid and filtered, and through the filtrate, sulphuretted hydrogen passed.

2. Carbonate of soda may be boiled with the contents, and the mixture filtered; acetic acid should then be added to the residue on the filter, and sulphuretted hydrogen passed through the solution, the sulphide of lead being collected and weighed.

The black precipitate may be proved to contain lead as follows:—

1. By placing the dried precipitate on a piece of charcoal, and reducing it to the metal by the blow-pipe.

2. By exposing the precipitate to red heat, in a tube open at both ends, to expel the sulphur, adding to the residue strong nitric acid, and diluting the resulting solution with water. This will now yield the lead reactions.

In order to determine the presence of lead in water, take two clear white pint bottles, through one pass washed sulphuretted hydrogen for some time, and compare the colour of this with that of the other in a good light, carefully observing if any darkening has taken place.

Tests for the lead salts:—

1. The alkalies give white precipitates.
2. Sulphuric acid gives an insoluble white precipitate.
3. Iodide of potassium gives a yellow precipitate.
4. Bichromate of potash gives a yellow precipitate.
5. Sulphuretted hydrogen gives a black precipitate.

(To be continued.)

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 19th of March, 1885:—Alfred Alex. Mumford, the Manchester School of Medicine. Also on the 26th inst. the following:—Jno. Shaw Caskey, the London Hospital; Watkin Llewellyn Rhys, Guys Hospital; Jno. Russell Sutherland, Glasgow University; Thos. Greaves Walker, the London Hospital. Also on the 2nd of April, the following:—Geo. Fredk. Burd, 12, Neeld Terrace, "The Hyde," Hendon; Thos. Frederic Watkin Rowlands, 8, Slade Lane, Longsight, Manchester; Alfred Frank Whitwell, Castle Street, Shrewsbury.

VACANCIES.—Bethlem Hospital.—Two Resident Medical Students. Applications to A. M. Jeaffreson, Esq., Bridewell Hospital, Blackfriars, E.C. Birmingham General Dispensary.—Resident Surgeon. Salary, £170 per annum. Applications by April 21st. Brighton and Hove Lying-In Institution.—House Surgeon. Salary, £120 per annum. Applications by April 17th. Cambridge Friendly Societies' Medical Association.—Medical Officer. Salary, £210 per annum. Applications to W. P. Littlechild, Vine Cottage, Queen's Lane, Cambridge, by April 25th. Cranbrook Union.—Medical Officer and Public Vaccinator for the District of Hawk-hurst. Salary, £55 per annum. Applications by April 7th. Celbridge Union.—Medical Officer, Workhouse. Salary, £100 per annum, and £15 yearly as Consulting Sanitary Officer. Applications to S. Manning, Clerk of Union. Election on April 29th. General Infirmary, Leeds.—One House-Physician and two House-Surgeons. Applications to A. W. Mayo Robson, Hillary Place, Leeds, by April 28th. Hartlepool's Friendly Societies' Medical Association.—Assistant Medical Officer. Salary £130 per annum.

Application to T. Tweddell, Commercial Terrace, West Hartlepool. Hospital for Consumption and Diseases of the Chest—Resident Clinical Assistants. Applications by April 18th. Huddersfield Infirmary—Junior House-Surgeon. Salary, £40 per annum. Applications to Mr. F. Eastwood, Honorary Secretary, by April 15th. Manchester Royal Eye-Hospital—House-Surgeon. Salary £70 per annum. Applications to the Chairman of the Board of Management by April 14th. Mullingar District Lunatic Asylum—Assistant to Resident Medical Superintendent. Salary, £112 10s., with allowances valued at £70 8s. 11d. Election on April 16th. Parochial Board of Pennygown and Torosay—Medical Officer. Salary, £100 per annum. Applications to Alex. Macdougall, Inspector of Poor, Auchnacraig by Oban. University College Hospital, London—Third Assistant Surgeon. Applications by April 14th. West London Hospital, Hammersmith-road, W.—House-Physician and House-Surgeon. Applications by April 23rd. The Islington Guardians have increased the salary of Mr. Philip Cowen, medical officer of the Shadwell-road Work-house, from £50 to £80 per annum.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, APRIL 11, 1885.

EDITORIAL AND PERSONAL.

A CASE of some importance to doctors, as showing the necessity for caution in making engagements, was heard at the Liverpool County Court, on Thursday last, before Judge Collier. Dr. Clarke sued one Mr. Hardy, for professional attendance on his daughter, the said daughter being a married woman, residing with her father. The plaintiff alleged that he was called to attend, and continued his attendance at the request of Hardy's wife, the mother of the sick woman, she being deputed by her husband, because of his deafness, to transact all business matters. This was denied by the defendant, who disclaimed all responsibility for the doctor's attendance. When the doctor came to his house on week-days "he was at his work;" when the visits were made on Sundays, "he was out." The plaintiff swore that the defendant was in the house on at least five or six occasions when he called. His honour, in giving judgment, said that he could not sufficiently connect defendant with the engagement of the plaintiff's services; at the same time, he had no doubt, in his own mind, that the claim was a just and fair one, and he looked upon the defence as extremely shabby. Medical men were too often the victims in similar cases, because the nature of their services—given, as they were, when families were in trouble—forbade them to ask for formal guarantee of payment. He

must non-suit the plaintiff; but, to mark his sense of the shabbiness of the defence, he would allow the defendant and his witnesses no costs.

UNIVERSITY COLLEGE, Liverpool, continues to make satisfactory progress. There are at present 120 registered day students, and 128 medical students, 60 of whom matriculated as students in Victoria University. The art lectures have had 33 attendants; the Saturday classes, instituted chiefly for the benefit of the Edge Hill Training College, have secured 59 students of history and 53 of French; and for the evening classes there have been 516 registrations, compared with 396 in the corresponding term last year.

DR. GEORGE PEARSE, late of the Madras Medical Service, and an honorary physician to the Queen, died at Cheltenham on the 28th ult. at the advanced age of 88 years. The deceased gentleman was nominated an assistant-surgeon on the Madras Medical Establishment in 1824, and in 1837, on being promoted to the rank of surgeon, he was appointed secretary to the Medical Board of that presidency, and occupied that position till 1848. In 1851 he was posted to the Mysore Division as superintending surgeon, and subsequently became head of the Medical Department of Madras as Principal Inspector-General of Hospitals, retiring from the service on April 20, 1861. In September of the same year he was gazetted an honorary physician to Her Majesty.

A STORY is going the round of the papers to the effect that "a physician of Denver" has conducted a series of experiments on animals, deprived of life, by bleeding and drowning, with the result that animation has been restored, in one case, after so long a period as twelve hours. The method resorted to was that of transfusion of fresh blood, practised simultaneously with artificial respiration, and shampooing the body of the lifeless animal. The account is, in each case, given with suspicious circumstantiality of detail; but it is noteworthy that the identity of the experimenter himself is concealed under the denomination of "a physician." On *a priori* scientific grounds, it is impossible for us to attach any high importance to the narrative, the more especially as the first animal operated on is reported to have lain "stiff and cold" for hours previous to resuscitation; and this in a room averaging over seventy degrees in temperature. The total time intervening between death and restoration, in this instance, is given as four hours. It is unnecessary, in this place, to dwell on the hitherto proved impossibility of reanimating tissues which have once entered into the condition of rigor mortis, or to recal the essential characters of the lusto-chemical changes involved in the transition to such a state, all of them tending to the complete destruction of normal functional activity. It is, however, a duty we owe, to protest against the wide-spread circulation of such sensational descriptions among the public; the influence they will exercise over the minds of the ignorant and emotional, cannot fail to be of the most hurtful description, and will do much to embarrass the profession in their treatment of fatal

cases. Moreover, even assuming that the experiments referred to have been *bond-fide*, their publication in any but a medical journal would scarcely have been sanctioned by a legitimate physician; and pending some kind of confirmation of the story by those alleged to be responsible for it, we prefer to regard it as an unusually bold attempt to perpetrate a hoax on the credulous.

Additional importance has been given to the agitation in favour of providing some means whereby students in London shall be enabled to obtain degrees in medicine after a fair examination in the subject of their studies, by the presidential address of Sir William Jenner to the College of Physicians recently. The distinguished president of this corporation, referring to the reported failure of the government to pass an adequate measure of medical reform, spoke of the action taken jointly by his own college, and that with which it has united to form an Examining Board for England, and then went on to say that he thought the two bodies should make a combined effort to obtain powers to grant the M.D. degree. Further in proof of his own strong feeling in the matter, Sir William proposed that a committee should be appointed by the College of Physicians, to carry out an inquiry into the means which could best be followed for obtaining such powers, and we cannot but experience a sensation of satisfaction at the prospect thus opened up of some speedy solution of the difficulties now surrounding metropolitan students in the matter of degrees. This question, indeed, has latterly assumed a degree of importance second to none in medical politics; and it is so especially one in which existing students are directly concerned that they will naturally be expected to move in it themselves. A well planned and well supported demonstration of their body may be productive of very beneficial results, as far as their interests are concerned, and we suggest to them the advisability of taking early steps in this direction. It is an unfortunate fact that they show too apathetic a spirit in dealing with all that is of the first importance to them, but we trust that in a time of such unusual emergency, they will be animated by a common determination to support the efforts of those who, like Sir William Jenner, are struggling to provide the privileges they have never enjoyed.

There is, it appears, a member of the profession resident in London, who has, according to a periodical called *Society*, achieved the impossible by *curing* consumption. At any rate in a recent issue of the print in question there occurs an article devoted to trumpeting forth the praises of a Mr. Alabone, whom the veracious narrative describes as a paragon of modern science. Spite of its disgusting flattery, the notice is vastly amusing, for it describes the youthful subject of its platitudes as occupying a position as startling in its novelty as it is absurd in its detail. "We learn that on one occasion," the writer of this "puff" explains, "whilst acting in the capacity of assistant surgeon's dresser, his ability in the use of the knife was acknowledged, and by

request he performed several minor operations in the theatre *before the assembled surgeons and students of the hospital*" (italics our own). Now we have always regarded Guy's as a place of strange experiences, and pitied it a good deal for its misfortunes; but it would add to our appreciation of the eccentricities of its management if we could be informed what are the "minor operations" that are customarily performed in its theatre, and especially what particular operations were selected for the shining light in question to carry out, "by request" for the information of "the assembled surgeons and students of the hospital?" And how is it too, that one so early chosen to be a teacher of the learned, has not long ago been elevated to the highest rank available on the staff of the hospital he has distinguished by associating himself with it? It is only fitting, of course, that his minor operations in the theatre should be followed by a major operation on "a case of extreme importance, demanding a skilful surgical operation" which was brought to his notice while in the country, "before receiving his *final qualifications*" (italics again our own). The whole account, indeed, is a miserable advertisement, written in the lowest possible style, and forcing into prominence as unusual efforts of genius the common achievements of the average medical student. To the "cure of consumption," the subject of the notice—whose portrait by the way, adorns the page on which the "sketch" of his life appears—has, we learn, devoted his great powers of intellect, cruelly neglecting the surgical triumphs awaiting him, by the result of the admiration bestowed on him by "the assembled surgeons of the hospital," and in the profitable career he has thus chosen he may well be left. But what do the corporations by whom his qualifications have been bestowed say to his advertisements?

THE frequency with which, of late years, accidents to acrobats have occurred during the sensational performances of these artists at Music Halls and other similar places of entertainment, has formed the subject of remark more than once in these columns. We have now to record the maiming of another unfortunate trapezist, the scene of whose disaster is the Aston Lower Grounds, at Birmingham. While performing at this place, on Monday afternoon last, a man named Hala was swinging between two supports, about 50 feet above the stage, when, by some means one of the ropes on which the unhappy artiste depended gave way, and he hung for nearly a minute, suspended by one leg, in mid-air, finally alighting on the stage, and sustaining a severe injury to the limb. The spectacle and the moral lessons afforded by these so oft-recurring exhibitions, and the danger attending Music Hall gymnastics, are both degrading to the higher nature of those who witness the scenes, and serve only to stimulate that unhealthy craving after sensationalism that is among the worst attributes of the populations of large towns. Once more we ask the Home Secretary when he proposes to prohibit the reckless risk of human life, encouraged by such exhibitions as the one referred to above?

It is with the deepest regret that we have to announce the death of Mr. J. J. Pope, which occurred after a very short illness, on Monday, evening last, at his residence, 4, South Crescent, Bedford Square, W.C. Mr. Pope was a retired Army Surgeon, and had served twice in India. He was, perhaps, better known to the world at large as lecturer upon hygienic subjects, and as the author of such little works as "No. 1, and How to take care of Him," "What to Eat, Drink, and Avoid," &c. His kind, genial smile, ready wit, and well-known figure will be missed by an extensive circle of sorrowing friends.

DR. KLEIN ON CHOLERA.

At a recent meeting of the Abernethian Society of St. Bartholomew's Hospital Dr. Klein briefly reviewed the accepted theories as to the etiology of cholera, and stated the views concerning it which he had been led to adopt since his visit to India. His speech is of importance as embodying the conclusions of the Indian Commission of Inquiry into this disease. Two main theories are held with regard to the cholera, the one which is supported by a large section of the Indian medical staff being that cholera is non-infectious and non-communicable; the other, which is upheld by European authorities, being that it is both infectious and communicable. In support of the former theory may be quoted the numerous cases of sporadic cholera which occur, and the fact that when troops are attacked in a military cantonment, and are at once marched out into camp, no new cases occur other than those which are already incubating. In many places in India, in spite of all conditions favourable to the spread of the disease by choleraic evacuation, as a rule only sporadic cases occur. In support of its communicability and infectiousness it is unquestionable that when an outbreak of cholera has occurred it has in most instances been introduced from a district where cholera was rife, as instanced by the late outbreak at Marseilles, which was shown to have been introduced from Egypt. Some have maintained that it may be conveyed by winds; against this may be adduced the fact that epidemics have occurred in Malta without any occurring at the same time in Gozo. Now, Gozo is nearer to Egypt than Malta, and yet no epidemic at Malta has ever been preceded by an epidemic at Gozo. The upholders of the theory of infectiveness are divided into two schools—the contagionists, who consider that the disease is directly communicable from the sick to the healthy, and that the virus is contained in the discharges from the alimentary canal; and the localists, who believe that the evacuations contain a germ which is capable of elaborating the virus under suitable conditions of climate and soil. Against the contagionists' view must be considered especially these facts—that it is very rare for attendants to be attacked early, and that they only succumb at a late period of the epidemic, and that cholera patients are treated in the general wards of a large hospital in Calcutta, and yet no cases of contagion have occurred. Dr. Koch, in studying this disease, found that the lower part of the small intestine of patients who died from cholera swarmed with peculiar bacilli (commabacilli), which passed out with the evacuations, and which he considered were capable of manufacturing the cholera virus when introduced into the small intestine of an unhealthy patient. He also believes that this bacillus is destroyed by the acid secretion of the stomach of a healthy person, and, further, that this bacillus is destroyed by drying; and hence that this disease could not be propagated by soiled linen after this had been dried. The German Commission believes these bacilli to be the cause of the disease. Dr. Klein, by a series of experiments, has proved that these comma bacilli are not destroyed by an acid solution of the same strength as that of the gastric juice; but that, on the contrary, they thrive after having been immersed in such a solution. Further, that though these bacilli, in common with all germs (except spores of bacilli), are destroyed by thorough and scientific drying, still soiled linen never becomes thoroughly dry. Klein thinks that even the location of these

bacilli in the lower part of the small intestine should not of itself suggest suspicion, inasmuch as bacilli and micrococci in great numbers are contained in it, even in health, and the more because this locality is not the exclusive seat of the disease. More conclusive evidence, however, was collected by him in India. For instance, three of the houses situate in a fashionable street in Calcutta contained in all eight cases of cholera. Leading out of the square was a narrow lane to a large water tank, around which was built a squalid rookery. The water of this tank was used in the rookery for all purposes, and contained the comma-bacillus. Now, the houses in the square were not supplied with water from the tank, and yet eight cases of cholera occurred in the square, while none were found in the rookery, which was inhabited by about 200 families. The English Cholera Commission has also found a bacillus apparently identical with the comma-bacillus in the intestines of children and adults suffering from diarrhoea. Dr. Lewis, of Netley, has found the same in the saliva of healthy persons. With regard to the evacuations containing the virus Klein, found that in India the public-built wells were universally contaminated by sewage; and that the water, though nominally not used for drinking purposes, for expediency was generally so used, and especially at night time. Again, at Benares a large sewer opens into the Ganges at a spot where the pilgrims and natives perform their religious ablutions, these including especially the washing out of the mouth with the river water. In spite of this only sporadic cases of cholera occur. Dr. Klein has been led to the conclusion, with regard to the cholera—that Koch's bacillus cannot be a cholera germ.

University, College, and Hospital Intelligence.

ANDERSON'S COLLEGE, GLASGOW.

DISTRIBUTION OF PRIZES AND CLOSE OF WINTER MEDICAL SESSION.—The winter medical session at Anderson's College was brought to a close on the 27th ult. by a distribution of prizes and certificates to the successful students. As usual on such occasions, the students appeared to have taken care to provide themselves with supplies of peas, crackers, tin trumpets, and other toys, of which they made an extremely liberal use, to find an outlet for their boisterous spirits. In vocal power they showed no lack, and many a street chorus or ditty was bawled forth to make affairs as lively as possible. Dr. Fergus, president of the College, was in the chair, and the majority of the Professors were present. In opening the proceedings, Dr. Fergus merely remarked that they had now arrived at the end of the Winter Session, and there remained nothing to do but to present the gentlemen who had received the honours, and earned them by hard work, with their prizes and certificates. Presenting those in the *Materia Medica* Class with their prizes, Professor Morton remarked that last year had been a perfect *Flodden*—the Englishmen having carried off all the rewards. This year, he was glad to say, the Scotchmen had taken a fair number of places, but what had been unexampled for several years was, that the Welshman did not appear on the list at all. As each successful student descended the amphitheatre to receive his reward he was greeted with a perfect shower of peas and crackers, accompanied by yells and cheers. Dr. Fergus, in bringing the proceedings to a close, said—Don't you think, gentlemen, it would be a very good thing if you would leave the peas to the small boys with the red gowns? For gentlemen, well advanced in the profession of medicine, I think they should be somewhat above peas, and draw the line at crackers certainly. I hope so next year. I do think it has been a little more pronounced than in former years, and I do think you might exhaust all your peas before you come in. I certainly think you ought to leave the peas for the small boys. I have no further remark now to make, except that I hope to see a good many of you here next session. (Cheers and showers of peas.)

LIVERPOOL.

UNIVERSITY COLLEGE.—At a meeting of the Council, held on the 25th ult., Mr. F. T. Paul, F.R.C.S., was appointed to the lectureship of forensic medicine and hygiene, rendered vacant by the resignation of Dr. Ewing Whittle. Dr. Paul formerly studied under the celebrated Dr. Taylor, at Guy's Hospital Medical School, and is also well-known in Liverpool for his connection with the Royal Infirmary and the Southern Hospital.

UNIVERSITY COLLEGE ATHLETIC CLUB.—At the meeting of the committee of the above club, held last week, Professor Strong in the chair, it was resolved that an attempt should be made to procure lawn tennis courts in Sefton Park. The colours of the club were also decided upon, and the committee adjourned till after the Easter vacation.

THE UNIVERSITY COLLEGE.—The College offers the following scholarships, election to which will be determined by the results of competitive examination, to be held on May 5th, 6th, 7th and 8th:—Two open scholarships, each of the value of £20 per annum; two scholarships, of the value of £40 and £20 (these scholarships are open to those holding a Council of Education Scholarship at one of the recognised Liverpool schools); one scholarship of £30 for three years, open to ladies only. The papers will be—one in Latin, one in Greek, or French or German (at the option of the candidate), one in English history, one in English composition, two in mathematics, one in physics, and one in chemistry. The college schools have increased from two to five.

Examination Questions.

ST. BARTHOLOMEW'S HOSPITAL AND COLLEGE.

EXAMINATION OF FIRST YEAR (MARCH, 1885).

Anatomy.—1. Enumerate the muscles attached to the lower half of the humerus. 2. How is the superficial palmar arch formed? Enumerate its branches. 3. What are the boundaries of Scarpa's triangle? What muscles form its floor? 4. Give the origin, insertion, and nerve supply of the serratus magnus; pronator teres; biceps femoris; tibialis posticus; and flexor longus pollicis (pedis). 5. With what bones does the external cuneiform articulate? 6. Enumerate the ligaments of the knee joint, and give the origin and the insertions of the internal and of the two external lateral ligaments.

Physiology.—1. What is serum? How may it be obtained and how may it be made to form a clot? 2. Describe the valves of the heart, their action and uses. 3. Give an account of the composition and functions of the gastric juice. 4. What are the effects of respiration upon (a) the air breathed; and (b) upon the blood circulating in the pulmonary capillaries? 5. Describe the structure of white fibrous tissue and mention the localities in the body in which it is found. How does it differ from yellow elastic tissue?

Chemistry.—Hydrogen is passed over copper oxide; how can the composition of water be deduced from this experiment? 2. What are the properties of the gas obtained by acting on common salt by sulphuric acid? What is the weight in grams of 11.2 liters of this gas? 3. Describe the physical and chemical properties of iodine. What changes occur in adding iodine to caustic potash? What liquids will dissolve iodine? 4. How can sodium be made from carbonate of soda and carbonate of soda from common salt? What are the most important properties of carbonate of sodium and of metallic sodium? 5. How can it be ascertained that C_2H_2O is the formula for alcohol and not the double of this? 6. From what source is tartaric acid obtained? Give the composition and properties of this acid, and of its principal salts.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

FIRST PROFESSIONAL EXAMINATION, OCTOBER, 1884.

Anatomy.—1. Describe the following parts of bones:—the scyama, the coracoid process, the tuber ischii. 2. Give the origins, insertions, and nerve supply of the following muscles:—

buccinator, levator palati, popliteus. 3. Give the course, relations, and branches of the external iliac artery. 4. What is the distribution of the superior maxillary and external popliteal nerves? 5. Describe fully the structure of the eyelids. 6. Mention the arterial supply of the pharynx and œsophagus.

Materia Medica.—1. Mention the bitter vegetable tonics compatible with iron; and write a prescription for one of them with an iron salt. 2. Describe the process for extracting quinine from conchona bark. 3. Describe the preparations of ipecacuanha. To what natural order does it belong? 4. Mention the principal antipyretic medicines. 5. Write a prescription, with directions for use, for an expectorant mixture containing ammonium carbonate, senega, and spirit of chloroform.

Chemistry.—1. Give the tests for prussic acid, strychnia, and morphia. 2. Define "hydrocarbon" and "carbohydrate," and give examples. 3. Write a succinct account of the chemistry of the atmosphere. 4. What do you understand by the terms "equivalent" and "atomic weight," and give illustrations? 5. Calculate the percentage composition of mercuric oxide. ($Hg=200$, $O=16$.) 6. Express in symbols what occurs when hydrochloric acid acts upon Zn , MnO_2 , and CuO , respectively.

Physiology.—1. Describe the mammalian red blood corpuscle, and state what you know of its origin, function, and final destiny. 2. Describe the differences in structure which are found in the large and small arteries, and show how the structure in each case is suitable for the function which the artery has to perform. 3. State what you know of the mechanism of absorption from the intestine. 4. What is vital capacity? How is it measured? 5. What are the principal circumstances which cause the quantity of urine to vary? 6. How is the constancy of temperature of the body of a homo-thermous animal maintained?

MONTHLY EXAMINATION, MARCH, 1885.

License to Practice Midwifery.—(Dr. W. J. Smyly).—1. Describe the various methods of dilating the cervix uteri. Mention the special dangers attending each method; and how these may be lessened. 2. What are the causes of laceration of the cervix uteri, and what are the pathological conditions to which such injury may give rise? 3. Describe the pathological condition known as granular erosion of the cervix, and the appropriate treatment of this affection. 4. Give an accurate account of the etiology, pathology, diagnosis, and treatment of pelvic cellulitis (parametritis). 5. How could you diagnose, and how should you treat pelvic peritonitis (perimetritis)?—(Dr. MacSwiney).—1. What are the chief constitutional symptoms of severe *post partum* hæmorrhage? Mention the various methods which have been proposed for arresting this form of hæmorrhage. 2. Enumerate the causes of funis presentations. Describe the different modes of treatment in such case. 3. Mention—(a) the occasions when the application of the forceps may be required; (b) the conditions which contra-indicate the use of the forceps. 4. How may *true* be distinguished from *false* labour pains? How are the pains of the *first* to be distinguished from those of the *second* stage of labour? 5. Enumerate the different forms of extra-uterine gestation. Supply the treatment and possible termination of each variety.

License to Practice Medicine.—Medicine and Pathology.—(Dr. Purser).—1. What are the most usual causes of vomiting? Indicate the principles of treatment suitable in each case. 2. Describe the disease known as erythema nodosum. 3. What do you mean by modified small-pox? In what does it differ from the unmodified disease? 4. What is the difference between fatty infiltration and fatty degeneration of the liver? Describe the naked-eye appearances of the liver when in a condition of extreme fatty infiltration. 5. What is the nature of the condition known as the "sago spleen"? 6. What is Hodgkin's disease? How is it distinguished from leucocythæmia?

Midwifery and Diseases of Women.—(Dr. Kirkpatrick).—1. Mention the signs of pregnancy in the order they are generally met with. 2. Describe a case of "concoaled accidental hæmorrhage." What treatment would you adopt? 3. Describe the mechanism of labour (head presentation, first position). 4. When retroversion of the uterus occurs at about the third month of pregnancy, what symptoms does it give rise to? How will you treat it? 5. What are the conditions of the uterus which give rise to menorrhagia?

Medical Jurisprudence.—(Dr. Quinlan)—1. Gives classification of the different varieties of insanity. What medical formalities have to be observed in placing an insane patient in a lunatic asylum? 2. Mention the principal points which have to be attended to in examining recruits as to their fitness for the military service. 3. Describe the appearances and symptoms of poisoning by belladonna. How is death caused?

Hygiene.—1. Given a water contaminated with organic matter, how can it be rendered potable? How can it be freed from flatness of taste? 2. Sketch out a dietary for a male prison (where the convicts are kept at hard bodily labour) which shall combine economy with body-sustaining power.

Notices of Books.

WOODWARD'S PHYSICS.*

MR. WOODWARD, in this little book, most certainly gives the student of physics what he wants, viz., a practical example book. The mere amassing of theorems and propositions is no good to anyone; but the practical application of them is: it is to this end Mr. Woodward's book would guide us.

Beginning with sound, the author takes us through firstly wave motion, dealt with in general terms, all technicalities calculated to perplex without edifying, the unadvanced student being wisely omitted. Next the velocity of sound in different media is considered, formulae, based upon stated reasoning, are appended (the student will do well to make a list of these); the intensity, and pitch of sound are treated of next; we see no mention of "timbre," but probably that is discreetly left for consideration in the advanced stage. The subject of sound is brought to a conclusion with a brief notice of the vibrations of strings and organ pipes. The author then passes on to Light, which he treats shortly but clearly, the formulae for mirrors and lenses being wisely postponed for the more advanced student. Of the section on heat we can say little; what is done, is done well. The compendium of examples, collected from all sources—"Chemical Physics"—at the end, will be invaluable to the examination student.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS, Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

STUDENT (London).—We should advise you to write to Dr. A. M. Buchanan, 92, St. George's Road, Glasgow, for particulars as to Anderson's College. Class fees of some of the Scotch Schools of Medicine are frequently altered.

MR. D. P. KENNA, Mr. W. E. Raw, and W. McLean are thanked for valuable contributions to our columns.

MR. H. G. STEVENSON (Manchester).—You must have misread the regulations. Under any circumstances you will not be eligible to present yourself for examination until November next.

F. F. F.—We have not had time to read completely through the manuscript, but judging by the quality of the opening lines, we are fully prepared to agree with your own estimate of its value, that, namely, it cannot be estimated.

*Arithmetical Physics, Part I. A. C. J. Woodward, B. Sc. (London: Simpkin, Marshall & Co.: Birmingham: Cornish, Brothers).

MR. CARMENTON.—There is a question still whether the appearances described in the account given of this tissue is not in reality due to the manner in which the sections are mounted. Some observers have failed, even under the highest powers, to distinguish them.

MR. WILLIAMSON.—The omission was intentional. It was considered that such an announcement ought not to appear in a respectable medical journal.

DR. CORNSBY.—Degrees in medicine in this country are conferred only by Universities. At all but two of these residence is a *sine qua non*.

NEW LOCAL SECRETARY.—Mr. Howard D. Buss, L.S.A., has been appointed Local Secretary for University College Hospital.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. H. Aubrey Husband, Edinburgh; Dr. Thomas Barr, Glasgow; Mr. Macpherson, London; Mr. Whittaker Tunnicliffe, London; Mr. Frank Ritchie, Otley; Mr. John D. Williams, Llangatto, Anglesea; Mr. W. Fingland, Wavertree, Liverpool; Mr. Howard D. Buss, L.S.A., University College Hospital; Mr. Roope, London; Mr. W. Ellis, Bristol; Mr. H. G. Anderson, Richmond; Dr. A. Phillips Hills, London; Mr. W. Osborne, Brighton; Mr. Allison, Glasgow; F.F.F.; Mr. Carmenton, London; Dr. Cornsby, London; Mr. Williamson, Edinburgh, Dr. Armand Semple, London, &c., &c.

BOOKS, PAPERS, &c., RECEIVED.—The Students' Botany, by E. MacDowel Cosgrave, M.D.; Dublin: Fannin & Co., 41 Grafton Street—The Student's Guide to Clinical Medicine and Case Taking, by Francis Warner, M.D. Lond., F.R.C.P., Assistant Physician to the London Hospital, &c.; London: J. and A. Churchill, New Burlington Street—Medical Times—British Medical Journal—Medical Press—New York Medical Record—Canada Medical and Surgical Journal—Midland Medical Miscellany—Le Progrès Médical—&c.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

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For prospectus and further particulars apply to F. DE HAVILLAND HALL, M.D., Dean.

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Vice-Chancellor Sir W. Page Wood stated that Dr. J. COLLIS BROWNE was undoubtedly the inventor of Chlorodyne, that the whole story of the Defendant Freeman was deliberately untrue.

Lord-Chancellor Selborne and Lord Justice James stated that the Defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

It was proved in Court, on affidavit by Mrs. Forbes, of Paris, that the testimonial published in the *Times*, November 14th, 1865, speaking of the great efficacy of Chlorodyne in Cholera, referred to Dr. J. COLLIS BROWNE'S Chlorodyne, and that she never used any other; and she had written to the Defendant Freeman to that effect, notwithstanding which notice the Defendant publishes the said testimonial as referring to his medicine.

The Editor of the *Medical Times*, in his report on Chlorodyne, January 13th, 1866, gives information that the Chlorodyne referred to was the medicine introduced by a retired Army Medical Officer, which was Dr. J. COLLIS BROWNE; still this is published by the Defendant as testimony to his medicine.

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Notes by the May.

ACTING on the advice of friends of peace and order, the students of Trinity College, Dublin, permitted the Prince of Wales' visit to that City to terminate without producing the flag which they surreptitiously removed from the Dublin Mansion House whilst the disloyal Lord Mayor slept. It was at first intended to carry the flag in front of a procession of students on the day of the entry of the Prince into the City, but being anxious that the Royal visit should pass off without any unpleasant incident, this part of the programme was omitted, and the flag was not exhibited in public. Had it been produced, there is no doubt it would have been the signal for a fearful riot, for the Nationalists were determined to recover the flag, even if blood were shed in the fight for it. However, the object of the students in taking possession of the flag, viz., the frustrating of the Mayor in his little scheme to insult the Prince, was fully achieved, and in good time the flag will be sent back to the Lord Mayor if he conducts himself as a gentleman.

THE profession in Dublin has been well to the front in manifesting loyalty to the Prince and Princess. Loyal addresses of welcome to their Royal Highnesses were presented by the Academy of Medicine in Ireland, the Royal College of Surgeons in Ireland, and the King and Queen's College of Physicians, and the Royal University of Ireland conferred doctorate degrees upon their Royal Highnesses. The ceremony in connection with conferring the degrees was a grand sight, and the enthusiastic demonstrations of loyalty manifested by the students on the occasion were exceedingly gratifying to their Royal Highnesses.

ONE ill-mannered surgeon in Dublin, who has generally been recognised as a strong sympathiser with the Nationalist party, deliberately insulted the Prince and Princess by pulling down all the blinds in front of his house, and running up a black flag, when they were passing, but his conduct has been repudiated by the profession generally, who feel highly indignant that a member of their body should have so far forgotten himself as to disgrace them in such a manner.

MEMBERS of the Royal Family are entitled to the gratitude of the profession, if only on account of the great interest they manifest in our medical charities. Whether to lay the foundation stone of a new hospital, to open new wards, or to preside at a festival dinner, the services of a member of the Royal Family are always forthcoming. It is announced that the Prince of Wales will preside at a dinner in aid of University College Hospital on the 13th of next month, and in June H.R. Highness will open the new building of the National Hospital for the Paralysed and Epileptic, Bloomsbury, the west block of which forms a memorial to the late Duke of

Albany, and which has been erected at a cost of nearly £80,000, only £6,500 of which remains unsubscribed. The Duke of Edinburgh has consented to preside at the triennial festival dinner of the Charing Cross Hospital, which is announced to take place at Willis's Rooms on May 20th.

THE London Hospital comes in for a fair share of Royal attentions. On Wednesday last, Princess Christian paid a visit of inspection to this Hospital. The Princess, who was accompanied by Miss Loch and Major C. Eliot, was conducted to the Queen Victoria and Princess Beatrice Wards, especially set apart for children, and distributed to the children presents which she had herself provided. She was then taken up in a lift to the Sophia and Gloucester Wards, and went through also the male and female accident wards. Then she proceeded to the nursery home, where she inspected the plans of the new home, which, with £10,000, given by the East London Railway and other funds, is being built for the accommodation of 100 nurses.

OLD students of Guy's Hospital will be pleased to hear that Mr. T. T. Paul, F.R.C.S., has recently been appointed Sub-Dean of the Medical Faculty of University College, Liverpool, which is a post of considerable honour and responsibility. For the present, Dr. Caton will retain the Deanship, which gives him a seat on the Senate of the University, but the routine business of the School of Medicine will be transacted by Mr. Paul.

I HEAR that Mr. Lawson Tait, F.R.C.S., of Birmingham, has made another great discovery. Some time ago, it may be remembered that Mr. Tait announced that his researches led him to believe that deafness in white Tom-cats might be accounted for on the probability of primæval human beings having been able to express their satisfaction by the mere wagging of their now undeveloped tail. His latest discovery in the mysteries of development is not quite so far-fetched as this. Having thoroughly investigated as to the cause of the present war-fever, he has arrived at the conclusion that it originates solely and exclusively from the use of the toy-drum in early childhood. He, therefore, strongly advises mothers to banish at once and for ever the martial inspiring toy from the nursery. But from the correspondence in the local newspapers, mothers don't seem to see it, and ridicule Mr. Tait's ideas. The *Dart*, a local satirical paper, has a clever cartoon of Mr. Tait sitting like Jack Horner, in a corner, pushing his hand through one end of a toy-drum. "He pushed in his thumb, to spoil the boy's drum, and said, 'What a good boy am I!'"

MILK adulteration seems to be very common in Liverpool, but the authorities are on the alert and seem determined to check the practice. A few days ago a whole batch of delinquents were fined at the Liverpool police-court various sums from ten shillings to five pounds for adulterating milk. The favourite adulterant is a mixture of water and starch paste,

by the use of which the specific gravity is retained, even if the milk is adulterated with seventy or eighty per cent. of water.

THE case of *Chichester v. Lance*, which was heard in the Court of Queen's Bench before Mr. Justice Wills and a special jury, is one of great importance to owners of house property, as also to their tenants. The action was to recover damages from the plaintiff, who was said to have permitted the drains of the house he let to the defendant to remain in a dangerous condition. The case does not seem to have been a very bad one as against the landlord, for he did not decline to recognise his responsibility. Necessary work was neglected, however, and illness resulted—an illness, medical evidence went to show, and the jury found, directly attributable to the insanitary condition of the drains. The defendant had, indeed, sent a man to do the work, in answer to Mrs. Chichester's complaints; but that it was not done effectually, an outbreak of typhoid proved. The jury gave a verdict for the plaintiff, damages forty-five pounds. It is as well that landlords should learn that if they allow their houses to get into an insanitary condition they may be called upon to pay damages for any illness that may arise in consequence thereof in the tenant's family.

THE Volunteer Medical Staff Corps has made a good beginning by putting in an appearance at the Brighton review on Easter Monday. Two companies, about fifty strong each, paraded at Wellington Barracks, on Good Friday morning, in full marching order, and, taking train at Victoria, accompanied the marching columns. No. 1 Bearer Company, under the command of Surgeon-Major Cantlie and Acting-Surgeons Leech, Fletcher, and Willett, accompanied No. 7 column, under the command of Col. Sir Lloyd-Lindsay, V.C., and billeted at Burgess-hill. No. 2 Bearer Company, under the command of Surgeon-Major Norton, and Acting-Surgeons Huzzey and Raw, accompanied No. 2 marching column, and billeted at Newick. On Saturday, the companies followed the troops over the downs, and had some rough work with the waggons. The ambulance waggons of No. 1 Bearer Company were blocked for three hours by a transport waggon, which had broken down on a narrow road over the hill. The bearers carried the stretchers over hill and dale for four miles to keep touch with the troops, and only by a forced march were they able to return to pick up their waggons, and join the troops in the march into Brighton. No. 2 Bearer Company had to take the horses out, and pull the waggons up the downs. At the head-quarters of the corps at Brighton a temporary hospital of eight beds was opened, and as many as fifty-three patients were treated between Saturday night and Monday morning. After the march past, the Duke of Cambridge highly complimented the corps on its appearance and efficiency. As the corps was enrolled only on April 1st, its present efficiency is highly creditable, both to officers and men. There is now no doubt that the corps will be a great success, and very popular with metropolitan students.

PERIPATETICUS.

THE LONDON MEDICAL SCHOOLS.

THE following article on the London Medical Schools, which we reprint from the *Times*, will be read with interest by students generally:—

A London medical school of the present day is a centre of work and study very different from its prototype in the days of John Hunter, or its successor in the time of Sir Astley Cooper. The great glories of the schools of half-a-century ago were skilful operations performed with incredible rapidity, when as yet chloroform was unknown, and every second saved was a gain to the patient's chance of surviving. Anatomy was conducted under difficulties to which medical students are now strangers, and the daring adventures in search of "subjects for dissection," which many hospital surgeons, as well as students, shared with debased and criminal characters, may probably have given to budding practitioners a tinge of recklessness, and a tendency to law-defiance, which occasional outbreaks still remind us of. The very obstacles, however, which anatomical study formerly met with proved a powerful incentive to thoroughness, and the science of anatomy in its broad outlines, remains for purposes of medical instruction, very much as it was in the days of the resurrectionists. In the last fifty years, however, many sciences have taken shape, and gathered force, and have cast their light upon processes of life and death. Chemistry and the physical sciences are not solely of use to the compounders of medicines, but are applied to explain their actions upon the various organs, as well as to elucidate the functions of those organs in health and disease. Physiology could scarcely be said to exist in its present acceptance fifty years ago. What used to pass for physiology was little more than the broad facts of the anatomy of the internal organs, with certain crude explanations of their supposed action, eked out by phenomena exhibited in diseased states and expositions of "purpose" as it was then conceived. The physiology of to-day, tracing its origin to the immortal labours of Harvey, carried further by John Hunter, and established in strength by Sir Charles Bell, Marshall Hall, and many continental workers of equal genius, yet needed the repeated incisive strokes of Huxley from outside the medical schools before a useful modicum of its gathered stores was required to be known by students in a practical shape. I well remember how, when Professor Huxley's "Elementary Physiology" was still a new and striking phenomenon, one of the senior surgeons of a large hospital, and an examiner supposed to be fully equipped with physiological knowledge, advised his pupils to read Huxley. "I've just read it," he remarked, "and know more physiology than I ever knew before." The medical students of to-day have advanced a stage or two since then, and most of them can read Foster's or Hermann's Text-books, in which physiology becomes a discipline worthy to rank with mathematics or philology, and of the highest practical value. The minute anatomy of tissues by the aid of the microscope and of chemical re-agents has given an extended basis to physiology, and the medical student has been impelled into the path along which his teachers have travelled.

Sound physiology was the precursor of sound pathology, or the science of diseased states of the body. The patient examination of diseased organs after death, carried into an exhaustive microscopical analysis, has built up a complex science which is one of the burdens lying heavily upon the minds of our medical youth. Therapeutics, or the science of healing agencies, has benefitted remarkably by advances in physiology, and we are beginning to know how the very bodily protoplasm is affected by certain drugs, so that true therapeutics may be looked for in the not distant future. Thus to the old *materia medica*, or knowledge of drugs and medicines, a science of their action is becoming superadded. It is not to be wondered at that medicine and surgery hold up their heads and claim recognition as sciences instead of confessing their mere empirical position, as of old the true doctors were wont to do. The doctrines by which zymotic diseases are defined and on which antiseptic surgery is grounded are strong arguments on behalf of this claim; and they necessitate deeper thought and more persevering study on the part of medical students.

From this brief recital it will be seen that my opening remark must of necessity be true, and I will now proceed to describe in outline the course of work through which the aspirants to medical practice have to pass in a London medical

school. In the old days many a doctor's apprentice spent no more than one short season in "walking the hospitals" as it was termed; and this was an apt enough phrase at the time. The student literally walked up and down the wards, following the various physicians and surgeons on their appointed rounds, and did little else unless he happened to be well-to-do, and fortunate enough to be admitted as the hospital surgeon's apprentice, or to become a physician's pupil. But the necessities of dissection first lengthened the course of study, and for many years "three winters and two summers," or two years and a half, constituted the essential period of attendance at a regular medical school. It is but fair to acknowledge that the doctor's pupilage had usually commenced some three years before he was launched into a medical school, and that in country practice or town dispensing he had picked up many a hint as to methods which stood him in good stead afterwards, although, on the other hand, he had often acquired prejudices in favour of antiquated ways and rough and ready pretences at knowledge which did not tend to elevate him in the professional scale. At present, however, the requirements of the medical curriculum are such that they can scarcely be fulfilled without spending four years at a medical school, and many candidates for higher distinctions spend five, six, or even seven years in their arduous quest. School days are often protracted beyond old custom, without being applied to subjects profitable to medical study; and the apprenticeship system has fallen largely into disuse and has not as yet been replaced by a sufficient substitute. If students came to the medical schools moderately equipped with French and German, it would be a great practical advantage, seeing that so much of the best medical work is done by French and German investigators. But since this is not the case, and perhaps will not be until educated Englishmen become the teachers of these languages in public schools, the lack of chemistry and physics in the education of boys who are to become doctors is the more inexcusable and disastrous. No single change in general or specialized instruction would effect more for the medical art and for the public health than the extension of sound teaching of chemistry and physics. It ought not to be left for the youth of 18 or 19 to begin his acquaintance with the forces of nature and the chemical elements when he presents himself for medical education. If he knows no science at entrance, he has to laboriously seek to grasp the scientific idea, itself requiring almost a year to penetrate thoroughly into a youth's conceptions.

In any case, the elementary teaching of chemistry and physics occupies a considerable space in the medical curriculum. Physics, however, is not yet compulsory on all students, although it is impossible for the physiology of the circulation, of respiration, of sight, of hearing, to be really comprehended without some knowledge of hydrostatics, heat, optics, and acoustics. To chemistry three lectures a week are devoted during the first winter session of six months—a process of putting the cart before the horse; for practical chemistry, by which alone the student can be said to acquire a personal acquaintance with the subject, is deferred till later—in the first summer session. Then, for two or three hours on three mornings a week, the chemical laboratory of the hospital or college is redolent of sulphuretted hydrogen, and extraordinary results are achieved in test tubes—more to the amusement, it is to be feared, of the tyro than to his edification. The diversion is varied by explosions and smashes of glass, upsettings of strong acid, and interesting feats of glass-blowing, which go far to render the post of demonstrator of chemistry an unenviable one. Such elementary classes as these should be organised in every large school; the work is equally important for manufacturers, engineers, agriculturists, and many others to learn, and the intrusion of chemistry should not be allowed so unnecessarily to burden the school of medicine.

It has often been imagined that the old system of apprenticeship especially favoured the pupil's study of "the bones," but this was more of an idea than a reality. The hard-worked practitioner seldom had time, energy, or inclination to press his assistant seriously on the path of osseous learning, and, if he had, solitary study and irregular teaching do not go far in such a difficult acquirement. From the time of his entrance at the hospital, the student is called upon to attend lectures and demonstrations, and to personally dissect prepared subjects. These and the necessary reading

are sufficient to occupy the greater part of his time for two full winters. In many London schools, the systematic anatomical course begins at 9 o'clock, thus starting the youth well on his day's work at an early hour. Some think the hour will have to be made later in consequence of the enlarged area within which students reside, extending to even 30 miles from town, making it needlessly difficult for them to reach their hospital in time. But there are many arguments in favour of beginning betimes; the day is not too long for the work which has to be crowded into it, the lecturer has the valuable part of the day left free for practice, and there is the minimum of interference with dissection. After 10 o'clock, when there is no chemical or physical lecture, the first year's student is busied with assiduously comparing the descriptions in his anatomical text-book with the actual bones, or with elaborate wax models of dissected parts of the body, which are of great value in supplementing other aids. Nothing, however, assists a student to grasp the facts of anatomy like actual contact with them in that grim abode of mortal flesh in a state of temporary embalment, the dissecting-room. Here skilled demonstrators assist him in disentangling the complex structures of our bodily frame, and making out the diverse systems and their combinations. The muscles, arteries, and nerves are unravelled, and the foundation laid for an intelligent physiology. There is some justifiable outcry against the extent to which operating surgeons, who are for the most part the examiners in anatomy, require minute details to be got up by candidates. They should remember that not every fact in anatomy is of equal importance, and that the overburdened mind is sure to get rid of its superfluous stores, thereby, perhaps, losing much that is valuable. Yet anatomy has, in the past, served a most useful purpose in accustoming medical students to a severe course of study. It is destined, perhaps, to be largely superseded by physiology and minute anatomy, which require more penetration, and are highly educative as well as practical.

While anatomy is a sort of topography of the human body, minute anatomy or histology is like geology in penetrating to the inner structure and elements of the framework, and thus dealing with the least things tends to explain the greatest. Until this year the so-called practical physiology, which, in London medical schools at least, is for the most part only a study of microscopical anatomy, was made a subject of second year's study only, subsequent to a complete course of physiological lectures in the first year. Now as physiology is the study of the functions of those parts which are investigated by microscopical anatomy, it will be seen that the student entered upon this science without any equipment of practical knowledge. The true system is, to carry on practical work *pari passu* with instruction, as is done at Cambridge, and will in future to some extent be attempted in London, and not ask the teacher of physiology to make bricks without straw. But any study of practical physiology at all is a great advance, for 15 years ago it scarcely existed in London. Three times a week for two hours at a time in the winter the microscopical room of a medical school is a busy scene of work. Every student has to provide himself with a microscope adequate to reveal structures of one-thousandth or three-thousandth of an inch in diameter. The characteristics of the blood, and the various tissues are shown, largely from preparations of organs of the frog, cat, dog, and rabbit. Each organ is carefully prepared beforehand by a method applicable to the individual case, and is then embedded in some material such as wax, paraffin, or mixtures of these with oil, which is first melted and then poured round the portion of tissue, solidifying and fixing the material for subsequent cutting; or the tissue is simply frozen, and while in this state is cut by a microtome, or section machine. Thus numberless thin slices are cut and distributed to the students, appropriately stained; and their principal work is to mount the sections on glass slips and make out the characteristic structure of the organ as expounded by the demonstrator.

Lectures on drugs and pharmacy are, for the most part, very distasteful to medical students. The catalogue of drugs and their external appearances can only be learnt by comparing them in a museum with the descriptions in books, or by actually compounding the medicines. The system prevailing in numerous schools, by which the members of the staff pass in succession through various lectureships, is not conducive to

the excellence of *materia medica* lectures; and it is only where, as in some fortunate schools, the lecturer retains the subject for a number of years, and carries on experimental research on therapeutics, or the physiological actions of drugs, that this course of compulsory lectures is attractive. But the signature for attendance at the lectures must be obtained, and in varying degrees the corporeal presence is enforced.

I have now referred to the extensive labours which constitute the preliminary studies of the medical student; and it may appear that they occupy a disproportionate space in his course. But they are more than his raw material; they are, to a great extent, the direct foundations of his skill; and it is mostly found that the student who keeps to these studies without dabbling in medicine or surgery makes a more rapid advance when he actually enters the wards, than one who attempts to combine both. On this is based an argument, often brought forward, in favour of separating these studies from practical medicine, and concentrating the teaching of them in one or two central colleges. But independently of the fact that an anomalous arrangement which has grown by adaptation to changing wants, is often more valuable than a cut-and-dried doctrinaire system, it is very questionable whether the medical schools or the teachers would benefit by this divorce from the foundations of their work. The tutorial system now so largely adopted as a supplement to the courses of lectures makes a larger staff requisite in each school, but it is a very great boon to the student, who is no longer compelled, unless hopelessly lazy or dull, to resort to the professional "grinders," who used to flourish upon the inefficiency or absence of real tuition in the schools. The present system gives considerable play to free competition between the schools, and thus helps to secure general excellence.

Medicine, surgery, midwifery, and pathology, to say nothing of specialties, such as hygiene, preventive medicine, and medical law, occupy the full time of the student in his last two years. In addition to extended courses of lectures in each subject, every one must now go through a careful training in examining individual cases of disease and recording their principal phenomena on entrance into the hospital, and their daily, sometimes hourly changes. It is this part of the work especially to which all the rest is preliminary. To train the student in good observation has been aimed at in the preceding two years; now this is tested and applied to the diagnosis of disease. Registrars, who are junior members of the staff, regularly check these observations, and give instruction in making accurate records. Thus in watching the physicians' and surgeons' treatment of the patient, and the results, a store of experience is accumulated, which is the stock-in-trade of the practitioner, and more efficacious, perhaps, than gentlemanly persuasive manners in securing his success, although many have doubts on this subject. When curative skill has failed to restore health, the *post-mortem* room is the scene of investigation into the cause of death; and this is a practical theatre of instruction, of almost equal value with bedside study, and it is one which is available in far less degree to the practitioner in active life. Practical skill in midwifery is readily attained in the poor neighbourhoods surrounding most hospitals, and the chief abuse to which this is liable, is the permission given to wholly or comparatively inexperienced youths to take responsible charge of cases without any extensive supervision by qualified men. It is difficult, perhaps, to maintain a sufficient supply of qualified men to give this supervision; and it is also unadvisable to demand the intrusion of unnecessary persons into the homes of the poor. But the dangers I have indicated are real, and need constant watchfulness on the part of the staff of the medical schools.

The burdens laid upon medical students now-a-days, are thus evidently neither few nor small; they have increased, are increasing, any many say they ought to be diminished. The advantages, however, which are now at their disposal, have certainly been marvellously augmented, and will still be largely added to. While the London medical schools continue to adapt themselves to changed circumstances, they cannot fail to be the resort of a large class of students. Their experience of disease and of accident injuries is so enormous that their officials only need to be commonly wide awake to reap the best harvest; but no one should enter on the field of medical study who is afraid of hard work, prolonged mental effort, and manifold dangers.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, APRIL 18, 1885.

EDITORIAL AND PERSONAL.

THE King's and Queen's College of Physicians in Ireland has instructed its Registrar not to address licentiates of the College by the title of "Doctor," unless such licentiates possess a legal right to the title in virtue of possessing a degree in Medicine from a University. This proceeding on the part of the College is assumed to have been necessitated owing to the very common practice among medical practitioners of appropriating to themselves the Doctorate on the strength of only a license in Medicine; and it is designed to indicate that the College will not recognise any right to this title on the part of its licentiates. Notwithstanding, we fear this virtuous, though tardy, resolution will do but little to stem a practice now becoming daily more general, and almost, we feel inclined to add, excusable.

It is with a feeling of genuine pleasure we report that, at the last meeting of the Council of the Royal College of Surgeons of England, Mr. Durham gave notice of a motion to appoint a Committee of seven, to confer with a like number of representatives of the Royal College of Physicians respecting the steps to be taken with a view to obtaining powers for the combined Colleges to confer Degrees in Medicine on those passing the Examinations of the Board. Such a speedy following up of the hint thrown out by Sir William Jenner, in his recent Presidential Address at the College of Physicians augurs extremely well for some practical outcome of the agitation in favour of Degrees for Metropolitan Students, and we congratulate the body of the latter on the prospect that is opening before them.

MR. H. T. BUTLIN, Assistant Surgeon to St. Bartholomew's Hospital, whose researches on carcinoma and sarcoma have earned for him the thanks of the profession, has written a manual upon diseases of the tongue, which will be issued early next month.

For some curious reason, which we find it utterly impossible to understand, the *Lancet* has taken up a position of decided hostility to the proposed transformation of the combined Colleges into a degree-granting institution. Our contemporary's arguments

to this end are, in many places, funny in the extreme—one of the principal, for instance, being that degrees should be conferred only by Universities. The writer of the article in question appears to be hopelessly ignorant of the fact that Degrees in Medicine have for many years been so dispensed—the University of London (so called) being precisely what the College of Surgeons is—viz., an examining body and nothing more, except in name. Consequently, this great difficulty will be at once removed by an alteration of terminology; and, by dubbing the two Colleges a Medical University, all objection ought to be overcome. Other arguments, equally vague and foolish, are used by the *Lancet*; but they will not be likely to do any injury to the scheme in view.

At the Royal Free Hospital, Gray's-inn-road, the Committee of Management in memory of Dr. Samuel Rabbeth, who, in October last, lost his life while endeavouring to save that of a patient, have placed in the inquest room of the Royal Free Hospital, a handsome brass tablet, which bears the following inscription:—"This tablet has been erected by the authorities of the Royal Free Hospital, Gray's-inn-road, and the Medical Staff, to the memory of Samuel Rabbeth, M.B., M.R.C.S., Senior Resident Medical Officer of this hospital, who sacrificed his own life in the endeavour to save that of a little child, a patient under his care. Died 20th October, 1884; aged 26 years." A committee, of which the Archbishop of Canterbury is president, intend to establish at King's College, of which the deceased gentleman was a member, a scholarship to be named after the deceased.

It will, no doubt, be very disappointing to the Committee and subscribers of the Rabbeth Memorial Fund to find that the University of London will not accept the hundred pounds offered to it to endow an annual prize commemorative of the late Dr. Rabbeth. Such discontent, however, will be scarcely reasonable, for after all it could hardly have been expected that a body, constituted as is the so-called University, would be likely to thus do honour to one of its members, who was only a distinguished graduate and a hero. The friends of Dr. Rabbeth have evidently over-estimated the importance of their mission, and the great and glorious in Burlington Gardens have thus pityingly, but none the less abruptly, corrected their crude notions.

THE Soho Hospital for Women is either, so far as its management is concerned, entirely bereft of sense, or else it is being made the subject of a most undeserved insult. At the present time placards are being widely exhibited, on which, together with distorted pictures of bodies in early stages of dissection, is an announcement to the effect that an American woman, who calls herself "Mrs. Dr. Potts," will lecture in a certain hall on behalf of the charity in question. Now, if this means of increasing its income has been voluntarily adopted by the Soho Hospital, it can never again be regarded as deserving of the confidence of the profession, until it is purged of everyone who has been instrumental in

thus disgracing it. If, on the other hand, the whole thing is a Yankee idea to collect an audience, then a statement to this effect cannot be too speedily put forward.

THE Council of the Linnean Society of New South Wales has again offered a prize of £100 for the best essay on "The Life History of the Bacillus of Typhoid Fever." The essay must be based entirely on original research, the details of which, and of the methods employed, are to be fully explained.

PROFESSOR SIEBOLD, the eminent zoologist, Professor at the Munich University, died on Tuesday. He was born in 1804, at Würzburg, graduated there as a doctor in medicine, and practised subsequently at Heilsberg and Königsberg. Appointed Director of the Maternity Hospital at Dantzig in 1833, he became in 1840 Professor of Comparative Anatomy at Freiburg, and in 1850 he went as Professor of Physiology to Breslau. In 1853 he was called to Munich, and there founded the Physiological Institute.

It is expected, in medical circles in Berlin, that Professor Leyden, now Director of the Second Medical Clinic, will be promoted to the directorship of the First, in place of the deceased Frerich's, and that Senator, professor extraordinary and directing physician of the Augusta Hospital, and the Royal Charité, will succeed to the post thus rendered vacant by Professor Leyden's promotion. Various other names are mentioned in connection with the appointments, amongst which are those of Nothnagel, Kussmaul, von Gerhard, and others; but it is considered questionable whether Nothnagel or Kussmaul would leave their respective posts in Vienna and Strasburg.

WE are requested by the Regius Professor of Medicine at Oxford to announce that examinations for the degree of Bachelor of Medicine will commence in the Medical Department of the Museum, as follows:—The second (or final) examination, Monday, June 8, at 10 a.m. The first (or scientific) examination, Friday, June 19, at 10 a.m. Candidates for either of these examinations are requested to send in their names, on or before May 23rd, to "the Regius Professor of Medicine, Medical Department, Museum, Oxford." Candidates for the Scientific Examination are to state whether they have passed the Preliminary Honour Examination in the School of Natural Science; and, if not, whether they desire to present themselves for Physics and Chemistry only at this examination, or for all the subjects thereof.

DR. ALFRED MACPHERSON, who has held the position of house-surgeon at Chester General Infirmary for over a year, having tendered his resignation, Dr. Miller, of Dublin, has been selected to fill the vacancy. Dr. Macpherson intends commencing practice in Liverpool.

THE wife of Dr. Edmund Willett, of Tufnell Park, Holloway, committed suicide last week by

swallowing a tumblerful of chloral. Deceased had suffered for some time past from religious mania, and had been treated in various asylums. A verdict of suicide through insanity was recorded on Saturday, and much sympathy is felt with Dr. Willett in the neighbourhood, in which he and deceased had lived for many years.

THE Government are beginning to recognise that their action in suspending the Contagious Diseases Acts in garrison towns some two or three years ago was a mistake. Ever since cases of venereal disease have been increasing among our soldiers and sailors. In 1883 the admission to hospitals from the Army for venereal diseases were 110 per 1,000, whilst in 1884 the admissions were 135 per 1,000. That about a seventh part of the army should be laid up in hospital each year from venereal disease is truly disgraceful, to say nothing of the loss to the nation of the services of the men who are much needed in India and the Soudan.

University, College, and Hospital Intelligence.

ST. BARTHOLOMEW'S HOSPITAL.

JUNIOR PRACTICAL ANATOMY EXAMINATION.—This examination, popularly known as the "Junior Prac.," which is held annually for students of the first year, was concluded on Wednesday, March 26th. The first place carries with it a prize offered by the Treasurer of the hospital, and for the remaining places certificates of proficiency in practical anatomy are awarded. The following is the result:—1, L. Roberts; 2, H. G. Cook; 3, D. Belding; 4, Jenkins Price, W. G. Willoughby, *eq.*; 6, Maund J. Hansby; 7, T. G. Ogle; 8, H. A. Sylvester; 9, W. Cholmeley; 10, C. E. R. Rendle; 11, C. E. Hutt, J. J. Macgregor, *eq.*

SENIOR PRACTICAL ANATOMY EXAMINATION.—The examination in practical anatomy, for students of the second year, was held on Thursday, March 26th, and resulted as follows:—1, O. S. Edwards; 2, A. Lucas; 3, J. Rust; 4, W. N. Evans, T. Lissaman, *eq.*; 6, W. B. Lane; 7, W. G. S. Brown, H. Symonds; 8, H. Huxley; 9, G. Heaton, J. E. Spencer. The Foster prize is awarded to the gentleman obtaining the first place, and the remaining gentlemen obtain certificates of proficiency in practical anatomy.

DUBLIN.

THE LEDWICH SCHOOL OF SURGERY.—On Saturday, 28th March, 1885, a largely-attended meeting of the students of the Ledwich School of Surgery, Peter-street, Dublin, was held at that Institution, to consider the most advisable means by which to prevail on Dr. Ledwich to retain his position in the school. When it became known that Dr. Ledwich (who is the nephew of the founder of the school) intended to sever his connection with the institution, a meeting of the night students was held on Monday, the 23rd ult., at which resolutions were adopted requesting him to reconsider his intention of resigning. The day students were not represented at that meeting, for the reason they had not received notice of it, and they decided in calling the present meeting, in order to show that they were only too anxious that Dr. Ledwich should continue to give his services to the school. Mr. Pooley having been moved to the chair, Mr. J. H. Reynolds proposed "That we, the students of the Ledwich School, express our regret at the action of the originators of a movement resulting in a meeting held in this school on Monday night. That, inasmuch as the said meeting was convened without sufficient notice being

given to the students of the school, and especially the gentlemen of Dr. Ledwich's grind; and, inasmuch as the conduct of the said meeting was informal, we consider it necessary to substitute for the resolutions adopted at that meeting a set of resolutions which will have a more practical end in view, and which will be supported by the majority of both day and night students." Mr. Doran seconded this resolution. Mr. Driffin (promoter of the first meeting) proposed an amendment as regards the part of the resolution, withdrawing what was done at previous meeting, which was seconded by Mr. Hughes, put to the meeting and lost. The original motion was therefore carried. The following resolutions were carried:—Proposed by Mr. E. L. McCarthy and seconded by Mr. Driffin, "That we, the students of the Ledwich School, having heard with regret Dr. Ledwich's intention of severing his connection with the school, thereby resigning his hitherto well-filled office of trust in the management of the Dissecting-room, do hereby express our opinion that such action on his part would be attended with the gravest consequences, not only to many of the students individually, but also to the welfare of the school generally." Proposed by Mr. Reynolds and seconded by Mr. Lawder, "That we, the students of the Ledwich School, do earnestly request of Dr. Ledwich to reconsider his determination in the matter before taking a step which will be greatly regretted by the gentlemen of the school." Proposed by Mr. Lavertine, and seconded by Mr. Hamilton, "That we, the students of the Ledwich School, do hereby move that a deputation, consisting of six gentlemen, be elected to represent to the Board of Governors of the School, the resolutions adopted at this meeting, and to request the Board that they will prevail on Dr. Ledwich to retain his position in the school. A deputation was then formed, and after a vote of thanks to the chairman, the proceedings closed.

ADELAIDE HOSPITAL.—The usual weekly meeting of the managing committee of this hospital, was held on Tuesday, 30th March last. Captain E. C. Knox, D.L., presiding. There were also present, Rev. Maurice Neligan, D.D., Denis Crofton, Esq., Wm. J. Welland, Esq., Joseph B. Pim, Esq., Rev. Wm. Jameson, F. V. Clarendon, Esq., Doctors B. D. Purefoy, and K. Franks. The minutes of the last meeting were read and confirmed, as also were the reports of finance and house committees, and that of the lady superintendent. The number of patients in the house during the week was 99. After some other routine business, the board adjourned.

FOOTBALL.—Dublin Hospital Football Union (Cup Tie) Mercer's Hospital v. Richmond Hospital.—Victory for Mercers.—After three draws had been played between Sir P. Dun's and Richmond, the latter were obliged to meet Mercer's, and thus put an end to the seeming deadlock which existed. At Lansdown Road, an attempt was made to solve the problem, as to which hospital should hold, for the coming year, the coveted trophy, and Mercer's, without a doubt, won, though all things considered, they must be accounted lucky. Shanahan kicked off, and for a while Richmond had decidedly the better of it, and forced back their adversaries. A lot of heavy and determined forward play ensued, and not long before half time, Griffen got possession, and wound up a good run by scoring a try, off which Morron secured a goal. The losers had certainly hard lines, as they had much the better of the game. The penultimate try now lies between Dun's and Mercer's, and a good match is sure to take place.

GLASGOW UNIVERSITY.

INSTALLATION OF LORD RECTOR.—Dr. Lushington, ex-professor of Greek in this University, was on the 26th ult. installed Lord Rector. The ceremony took place in the Bute Hall at mid-day, but the building was crammed upstairs and down by students and friends an hour before the time. The Conservatives and Liberals occupied different sides of the hall, and most of them wore their party colours; the independents were scattered about wearing white caps, &c. The usual preliminary proceedings, varied with songs, cheers, yells, hootings, and a few scurrillages, were sustained with remarkable vigour. The political feeling ran very high when the different parties seized the others' caps, and immediately set fire to them. There were several ladies and old graduates present, but they had no influence to crush the chaos that reigned. Mr. Montague Smith presided at the organ, and

played "The Rhine Wine," "God Bless the Prince of Wales," "Scots wha hae," and other songs, but they fell on unheeding ears. When Principal Caird entered the hall, with Dr. Lushington and the Professors, there was a storm of applause, and "He's a jolly good fellow" was sung with great vigour. Principal Caird delivered the usual Latin prayer, but by the majority it was not appreciated. Dr. Lushington's address was listened to with great attention, but was indistinctly heard by those in the rear. He referred to the death of Professor Fawcett; also to the late Sir Alexander Grant, and his whole address was such as few other men could deliver. At the close of his address he asked the Principal for a holiday for the students, who said, "I gladly, in the name of the Senate, concede the request you have done us the honour to make. To-morrow (Friday) will be held as a holiday." (Loud applause.) Mr. Montague Smith then played Mendelssohn's "Wedding March," which terminated the proceedings. The Medical Session closed here on the 3rd inst., and opens again on the 4th of May.

Notices of Books.

LANDOIS' PHYSIOLOGY.*

THE appearance, in an English dress, of the magnificent text-book of physiology by Dr. Landois, is an event of more than usual importance in the world of scientific literature, and especially as regards the profession of medicine. No other work, on the same subject, is so peculiarly adapted to the needs of medical readers, nor does any similar manual so successfully treat the science of physiology in its relations to practical medicine; and by undertaking to make it available to English students, Professor Stirling has conferred on them a benefit of the most substantial kind.

Originally published in 1880, Landois' text-book has already run through no fewer than four German editions, and the translation now issued is prepared from the latest of these, while it includes also extensive additions by Dr. Stirling, to bring it abreast of all that is newest and best of recent work at home and abroad. The number of illustrations also is increased from 106 in the German, to 176 in the English edition; and, speaking generally, the translator has taken all possible pains to adapt the work to the most exacting standard of British science.

In this, the first volume of the work, there is treated in order the physiology of the blood, of the circulation, of respiration, of digestion and absorption, of animal heat; and of the metabolic phenomena of the body; and it forms a handsome large octavo book of more than five hundred pages. It will thus be apparent that an amount of consideration is devoted to the various subjects, at least equal to their importance; but the principal and most valuable feature of the work is to be found in the practical application of the purely scientific portions of the treatise to medicine. It thus forces into prominent recognition the intimate nature of the connection existing between the physiological processes, and those that are pathological; and enables the student who masters its contents to realise the oft-repeated assertion that pathology is in essence the physiology of disease. The universal adoption of a text-book, based in this manner on the principle of unity in natural processes, and association among structural elements, cannot fail to solidify and extend the knowledge on which our progress is dependent; and we would fain see the hastening of that time when it shall be accepted as the necessary test of accurate physiology, that it is ever and always the basis of the understanding of morbid phenomena as presented in the human body. To physicians in practice, likewise, the work will prove an invaluable assistant, and will be found in the highest degree suggestive of views and methods of treatment which will be the natural complement of the lessons it must of necessity inculcate. We cannot, indeed, speak in terms too eulogistic of a treatise which is, par excellence, a manual of physiology for students and practitioners of medicine.

* A Text-book of Human Physiology, by Dr. Landois, translated, with additions, by William Stirling, M.D., Sc.D. Vol. I. London: Charles Griffin and Co.

Medical News.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a special supplemental examination held on Monday, March 16th, and following days, the following gentlemen were successful. *First Professional Examination*.—T. P. Connolly, C. D. Jones, R. Jones, J. H. Lovely, H. McCarthy, R. Martin, T. O'Brien, E. O'Neill. Seven candidates were rejected. *Second Professional Examination*.—G. P. Carte, T. G. Goodman, C. M'Donnell, P. J. F. O'Brien, J. C. O'Donnell, J. O'Sullivan, A. V. Shine. Eleven candidates were rejected. *Third Professional Examination*.—W. A. Johnston. First half examination for the letters testimonial of the college, held on Monday, March 23rd, and following days, the undernamed gentlemen were successful, J. A. C. Coen, A. R. T. Craig, I. Duncan, J. D. O'D. Egan, R. Elliott, E. W. Hamilton, J. C. Hines, A. M. Hunt, E. B. Kennedy, A. D. Macleod, A. E. Murphy, V. Nash, H. F. C. Pilcher, J. A. Scully, A. F. Smith, P. Stevenson, W. Stritch, W. Swan, W. E. Waters, J. A. Whitty, T. D. Wylie. Twenty-five candidates were rejected.

VACANCIES.—The following vacancies are announced. Birmingham General Dispensary—Resident Surgeon. Salary, £170 per annum. Applications by April 21st. Cambridge Friendly Societies' Medical Association—Medical Officer. Salary, £210 per annum. Applications to W. P. Littlechild, Vine Cottage, Queen's Lane, Cambridge, by April 25th. Celbridge Union—Medical Officer, Workhouse. Salary, £100 per annum, and £15 yearly as Consulting Sanitary Officer. Applications to S. Manning, Clerk of Union. Election on April 29th. Devonshire Hospital, Buxton, Derbyshire—House Surgeon. Salary, £100 per annum. Applications by April 18th. General Infirmary, Leeds—One House-Physician and two House-Surgeons. Applications to A. W. Mayo Robson, Hillary Place, Leeds, by April 28th. Hartlepool's Friendly Societies' Medical Association—Assistant Medical Officer. Salary £130 per annum. Applications to T. Tweddell, Commercial Terrace, West Hartlepool. Hospital for Consumption and Diseases of the Chest—Resident Clinical Assistants. Applications by April 18th. Paddington Green Childrens' Hospital, W.—House-Surgeon. Salary £80 per annum. Applications by April 22nd. Parochial Board of Pennygown and Torosay—Medical Officer. Salary, £100 per annum. Applications to Alex. Macdougall. Inspector of Poor, Auchnacraig by Oban. West London Hospital, Hammersmith-road, W.—House-Physician and House-Surgeon. Applications by April 23rd.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.—The following gentlemen have obtained the license of the Royal College of Physicians, Edinburgh.—Edward Buxton, Great Crosby, Liverpool; William Glover Moore, Liverpool; Francis Ernest Little, Stroud; Henry William Russell Bancroft, Southampton; Thomas Charles Moore, Spalding; Arthur Matthey, Southampton; Hope Wilkes Gosse, Hastings; Walter Perfect Squire, Torquay; James Edward Gabb, Cheltenham; William K. Shea, Dublin; Francis Dingbey Pitt, London; Loftus Campbell, Derryhean, Enniskillen.

PHARMACEUTICAL SOCIETY OF IRELAND.—An examination of candidates for the degree of L.P.S.I. has been held this week, at 11, Harcourt-street, Dublin, under the auspices of the Pharmaceutical Society. The examiners were Drs. Duffey, Davy, and Evans. The candidates passed in the following order:—Austin, 207 marks; Reade, 189; Dowling, 187; Hanrahan, 173; Dixon, 170; Allen, 168; McBride, 166.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology at meetings of the Board of Examiners on the 9th, 10th, and 11th inst., viz.: Messrs. J. Beadle and J. S. Bootiman, Newcastle School of Medicine; G. H. Rowlands, O. T. Stephenson, C. W. Graham, A. E. Leitch, J. H. Shaw, G. W. Chaster, W. E. Livsey, and W. J. Shannon, Liverpool; J. P. Williams, P. Ashworth, H. Wade, A. M. Cass, M. F. Ledward, and J. H. Wilson, Manchester; G. A. Ferraby, L. Whitehead, J. W. B. Pogson, E. A. Sadler, G. T. C. Barber, and H. W. Thomas, Birmingham; T. M. Stiles, G. H. Skinner, F. H. Hudson, and F. Calder, Bristol; P. B. Goetling, T. H. F. Evans, A. K. Holt, E. C. Palmer, E. L. Haynes, L. W. Andrews, L. E. Jowers, T. Lisaman, T. W. Kelly, and R. A.

Farrar, St. Bartholomew's Hospital; H. J. Roper, J. A. Smith, H. Gott, C. P. Spink, W. B. Russell, and H. C. Baldwin, Leeds; O. J. McCully and W. M. F. Nelson, Montreal; P. Hehir, Calcutta; P. J. Mader, Edinburgh; M. M. Bird and H. S. Collier, St. Mary's Hospital; G. Cherry, Toronto; W. Branson and J. Stokes, Sheffield; W. R. Bacot, Charing Cross Hospital; R. W. Boyce, University College; G. H. Pennell, Guy's; B. Walker, London; W. A. Hooton, R. Allcock, J. W. Lonsdale, F. H. Whitehead, and J. F. Woodyatt, of the Manchester School of Medicine; J. H. White, E. Crompton, H. Huxley, and W. E. Hardy, St. Bartholomew's Hospital; T. W. Robbins, London Hospital; F. R. Buswell, Middlesex; G. E. Rennie, University College Hospital; B. W. Housman, C. St. Johnston, S. Nicklin, and E. H. Snell, Birmingham; F. Kerans, Liverpool; J. V. W. Rutherford, Edinburgh; J. J. Wheeler, W. J. Maillard, Guy's Hospital; F. Lace, Bristol; and A. Miers, Leeds. The following passed in anatomy only—viz., Messrs. L. L. Bailes, Newcastle-on-Tyne; A. D. Owen and B. Hamilton, Bristol; W. M. Joyce, J. H. Clayton, and J. E. Foster, Birmingham; A. M. Barford and A. E. D. R. Peters, St. Bartholomew's Hospital; J. A. Eytton-Jones, Liverpool; G. Thorpe, of Sheffield; A. W. Hogg, St. Bartholomew's Hospital; A. J. Mener, New York; P. J. Spencer, London; and H. Joslen, Guy's. The following passed in physiology only—viz., Messrs. R. B. Smith and J. W. Whitehead, Manchester; H. Burland, Manchester; F. S. Jermaine-Lulham, St. Bartholomew's Hospital; E. Jones, London; and H. C. Nicholls, Charing-cross Hospital. At a recent meeting of the council of this institution Mr. E. Hurry Fenwick, F.R.C.S., assistant surgeon to the London Hospital, was elected an examiner in elementary physiology under the combined scheme.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS, Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Mr. F. Treves, F.R.C.S., London; Dr. A. Phillips Hills, London; Dr. C. E. Armand Semple, London; Mr. J. A. Sanderson, Southport; Mr. William Hugh Macpherson, St. George's Hospital; Mr. Thomas McDermott, Dublin; Mr. W. Fingland, Liverpool; Mr. E. Grange Dacre Banks, Leeds; Mr. Dartnell, Liverpool; The Regius Professor of Medicine, Oxford University; Mr. W. McLean, St. Bartholomew's Hospital; Mr. K. C. Mackenzie, Cheshire; Mr. J. R. Nunn, Astwood Bank, near Redditch; Mr. Augustus J. Harvey, London; Mr. G. G. Dixon, Cork; Mr. Thomas Ledlie, Newry; Mr. G. R. Fortune, Glasgow; Mr. J. Hall-Edwards, Birmingham, &c., &c.

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STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

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MACNAUGHTON JONES'S Diseases of Women, not soiled, equal to new, 5s. for cash; also a copy of Tyson's Guide to the Examination of the Urine for Students, price 3s. 6d., published at 7s. 6d., unsoiled. 264
DENTAL Handbook, Anatomy, Physiology, Surgery, Chemistry, also principal Exam. Questions and Answers: Posted 5s. (new). Hardie, 12, Lothian Road, Edinburgh.
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THE SUMMER SESSION, 1885, will commence on Friday, May 1st. The Lectures and Demonstrations are arranged with a view to meet the requirements of Candidates preparing for examination under the new Conjoint scheme. The Dissecting Room will be opened until the middle of July, and daily demonstrations will be given. An **ENTRANCE SCHOLARSHIP**, value £25, will be offered for competition to Students commencing their medical education in May. The Examination will be in Classics, Mathematics, or Natural Science, and will commence on April 29th.

For prospectus or further information, apply to the Dean, or the Resident Medical Officer, at the Hospital.

LONDON HOSPITAL AND MEDICAL COLLEGE, MILE END, E.

THE SUMMER SESSION will commence on Friday, May 1st. Intending students are advised that, under the new regulations of the Royal College of Physicians and the Royal College of Surgeons, it is exceedingly advantageous to enter for the Summer Session. Students now entering are also eligible for the Entrance Scholarships in September.

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There are numerous prizes and scholarships, and all appointments are open to students without extra charge.

Special Classes for the Examinations of the University of London are held throughout the year. A register of approved lodgings and of private families receiving students to reside is kept in the Secretary's office.

Prospectus and all particulars can be obtained from the Medical Secretary, Mr. G. RENDLE.

W. M. ORD, Dean.

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THE SUMMER SESSION will begin on May 1st. A Science Scholarship, value £40, is offered for competition. The Examination will be in Chemistry (Organic and Inorganic) and Physics, and will be held on May 1st.

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The first and second examinations for the degree of M.B. may be passed prior to attendance at Newcastle.

The extra-preliminary in Arts may be passed at any time previously to the Candidate's entry for his final examination for the degree. Candidates who have passed the First Examination of the Conjoint Board in England of the Royal College of Physicians and Surgeons will be admitted to the Second Examination for the Degree of M.B., without further examination, except in Chemistry. Candidates who may pass the first and second examinations for the degree of M.B. will be exempt from the first and second examinations of the Conjoint Board.

Scholarships, &c.—A University of Durham Scholarship, value £100, for Proficiency in Arts, awarded annually to Students in their first year only. The Dickinson Scholarship, value £15, annually, together with a Gold Medal, for Medicine, Surgery, Midwifery, and Pathology. The Tulloch Scholarship, value £20 annually, for Anatomy, Physiology, and Chemistry. The Charlton Scholarship, value £35 annually, for Medicine.

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DENTAL HOSPITAL OF LONDON MEDICAL SCHOOL.

THE SUMMER SESSION will commence on Friday, 1st May. The Prize Distribution will take place in July, of which due notice will be given.

Lectures:—Anatomy and Physiology of the Teeth, Mr. A. S. Underwood; on Wednesdays and Fridays, at 8 o'clock a.m. Dental Surgery and Pathology, Mr. S. T. Hutchinson; on Tuesdays and Thursdays, at 8 o'clock a.m.

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PAID-UP CAPITAL	£23,468 0 0
LIABILITIES.	
Trade Creditors	£1359 14 3
Rents, Taxes, and Sundry Office Accounts	403 8 11
TOTAL LIABILITIES, 31st December, 1884	£1763 3 2
A S S E T S .	
Cash in hand and at Bankers	£1170 12 3
Invested in Consols and India Stock	2553 5 2
	£3723 17 5
Sundry Trade Debtors (considered good)	8493 11 8
Stocks of Drugs, etc.	6819 6 4
Leases, Plant, Machinery, etc.	5615 15 6

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THE SUMMER SESSION, 1885, will commence on Friday, May 1st. The Lectures and Demonstrations are arranged with a view to meet the requirements of Candidates preparing for examination under the new Conjoint scheme. The Dissecting Room will be opened until the middle of July, and daily demonstrations will be given. An **ENTRANCE SCHOLARSHIP**, value £25, will be offered for competition to Students commencing their medical education in May. The Examination will be in Classics, Mathematics, or Natural Science, and will commence on April 29th.

For prospectus or further information, apply to the Dean, or the Resident Medical Officer, at the Hospital.

LONDON HOSPITAL AND MEDICAL COLLEGE, MILE END, E.

THE SUMMER SESSION will commence on Friday, May 1st. Intending students are advised that, under the new regulations of the Royal College of Physicians and the Royal College of Surgeons, it is exceedingly advantageous to enter for the Summer Session. Students now entering are also eligible for the Entrance Scholarships in September.

The Hospital contains nearly 800 beds, and is the largest general Hospital in Great Britain.

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MUNRO SCOTT, Warden.

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There are numerous prizes and scholarships, and all appointments are open to students without extra charge.

Special Classes for the Examinations of the University of London are held throughout the year. A register of approved lodgings and of private families receiving students to reside is kept in the Secretary's office.

Prospectus and all particulars can be obtained from the Medical Secretary, Mr. G. RENDLE.

W. M. ORD, Dean.

UNIVERSITY OF DURHAM.

THE Examinations for the M.D. Degree for Practitioners of fifteen years' standing, and for the M.D. Degree and the final Examinations for the M.B. and M.S. Degrees, will begin on June 16th, 1885. Intending candidates must forward their names, together with the fee, at least 28 days before the date of commencement of the Examination for which they wish to enter.

Full particulars, prospectuses, and examination papers may be obtained on application to the Registrar of the University of the Durham College of Medicine, Dr. Luke Armstrong, Clayton Street West, Newcastle-upon-Tyne.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE.

NEWCASTLE-UPON-TYNE.

THE SUMMER SESSION will commence on Friday, 1st May.

Licences, Degrees, and Certificates in Medicine, Surgery, and Sanitary Science.—Two Licences, three Degrees and one certificate are conferred by the University of Durham, viz.:—Licences in Medicine and in Surgery, the Degrees of Bachelor of Medicine, Master in Surgery, and Doctor in Medicine, and a Certificate of Proficiency in Sanitary Science. Attendance at the University of Durham College of Medicine during one of the four years' of professional study, or subsequently to qualification elsewhere is, required as part of the curriculum for the Degrees, except in the case of Practitioners of more than fifteen years' standing, who can obtain the degree after examination only.

The first and second examinations for the degree of M.B. may be passed prior to attendance at Newcastle.

The extra-preliminary in Arts may be passed at any time previously to the Candidate's entry for his final examination for the degree. Candidates who have passed the First Examination of the Conjoint Board in England of the Royal College of Physicians and Surgeons will be admitted to the Second Examination for the Degree of M.B., without further examination, except in Chemistry. Candidates who may pass the first and second examinations for the degree of M.B. will be exempt from the first and second examinations of the Conjoint Board.

Scholarships, &c.—A University of Durham Scholarship, value £100, for Proficiency in Arts, awarded annually to Students in their first year only. The Dickinson Scholarship, value £15, annually, together with a Gold Medal, for Medicine, Surgery, Midwifery, and Pathology. The Tulloch Scholarship, value £20 annually, for Anatomy, Physiology, and Chemistry. The Charlton Scholarship, value £35 annually, for Medicine.

The Gibb Scholarship, value £25 annually, for Pathology. The Goyder Memorial Scholarship (at the Infirmary, Newcastle), value £16, for proficiency in Clinical Medicine. At the end of each Session, a Silver Medal and Certificates of Honour are awarded in each of the regular classes. An Assistant Curator of the Museum is annually appointed from among the Senior Students, and receives an honorarium of £12. Four Assistant Demonstrators of Anatomy (each receiving an honorarium of £5), two Assistant Physiologists, and two Pathological Assistants are also elected. Four resident Assistants, three non-resident Clerks, and sixteen non-resident Dressers are chosen every three months. Further particulars with regard to Examinations may be obtained from Dr. Luke Armstrong, 26, Clayton Street West, Newcastle-upon-Tyne; or, on all other matters connected with the College, from Mr. Henry Armstrong, College of Medicine, Newcastle-upon-Tyne.

LONDON HOMOEOPATHIC HOSPITAL MEDICAL SCHOOL, GREAT ORMOND STREET, BLOOMSBURY—SUMMER SESSION, 1885.

THE SUMMER SESSION will commence on Friday, May 1st, when the Lectures and Hospital Practice in the Wards and Out-Patients' Department will be resumed.

Full particulars may be obtained from the Honorary Secretary of the Medical School, Dr. J. Galley Blackley, who will attend at the Hospital on Mondays and Thursdays, from 2.30 to 4.30 p.m., for the purpose of giving information to intending students.

By order,

April, 1885.

G. A. CROSS, Secretary.

Notes by the Mag.

AFTER having been pronounced dead as a door-nail for all practical purposes, General Grant is now reported to be making a steady and gradual recovery. Three weeks ago we were told by his physicians that he was fast sinking, could no longer articulate or swallow nourishment, and that the end was only a question of a few hours. The latest reports now state that he is gaining strength rapidly; has been able to take carriage exercise, and can even walk without assistance. Should the General recover, it will give great satisfaction to his friends and admirers in America and Europe, but it will be a cruel blow to American physic. It will show that American physicians could not diagnose cancer of the tongue, for had the disease been cancer, the gallant General would most assuredly have died. There should have been no difficulty in diagnosing cancer of the tongue, and it will be extremely interesting to hear what explanation his physicians have to offer for unnecessarily alarming the whole world as to the condition of their illustrious patient.

SOME time ago I announced that the University of Vermont had arranged to grant the M.D. degree to British qualified medical practitioners for the sum of five pounds. I notice that some of the New York medical press are opposed to the arrangement, and are trying to force the authorities to withdraw the concession they purposed making for the benefit of British practitioners. It is to be hoped that they will not be intimidated in this manner. English medical men cannot get the "M.D." degree at home, except under the most obstructive regulations; and, hence, are obliged to seek the coveted honour abroad. The courteous consideration of the Senate of the Vermont University, in placing their Doctorate within the reach of English medical men, will, no doubt, be widely appreciated, and be the means of inducing many to visit the States who would otherwise turn their footsteps towards Brussels, or some other Continental university centre.

A few days ago Dr. Arthur Foxwell, late resident physician at the General Hospital, Birmingham, had an altercation with the local Coroner, in which, according to the newspaper reports, he came off very much second best. Dr. Foxwell, it appears, had been summoned to the Coroner's court to give evidence touching the death of a hospital patient. As resident medical officer he would not be entitled to a fee for giving evidence respecting a person who died in the hospital, but before being summoned to attend the court Dr. Foxwell had resigned this appointment although he appears to have been still discharging the duties of the office when served with the summons. He attended the court, and on being sworn declined to give evidence until he had been paid his fee. The following altercation then took place:—

"The Coroner: Do you decline to give your evidence?
Witness: I am not resident at the hospital; I reside at Alvechurch, and I have come in on purpose.—The Coroner: As you

like, sir. Mr. Hawkes then caused Inspector Willis to be sworn, and elicited from that officer that he had summoned the witness under the usual precept on Wednesday last, at the General Hospital. Dr. Foxwell said that he was resigning the office he then held, but that he would attend the inquest.—Witness: Am I allowed to make a remark? The Coroner: No, sir! Witness: That statement is not correct.—The Coroner: No, sir! You may make your remark in the Court of Queen's Bench. I now call upon Arthur Foxwell, M.D., to obey the Queen's precept, and attend and give evidence in this case.—The witness made no sign other than to pull his moustache, and Inspector Willis proceeded to repeat, as follows, a form of warning which it is customary to thrice utter on such occasions—'Arthur Foxwell, come forth and save your peril.' The witness: I simply say that the officer's statement as to serving the warrant is incorrect.—The Coroner: I believe you are sworn, sir. You will answer my questions, if you please. Tell me when this patient was received into the General Hospital. Witness (hesitating): I may say that I don't understand the legal bearing of the matter, but—The Coroner: You will understand it when you have had time to study it. I ask you now when this patient was received into the General Hospital? Witness: Are you asking me as a medical witness?—The Coroner: I ask you as a sworn witness on the part of the Queen. Witness: I understand, not medical?—The Coroner: I ask Arthur Foxwell to answer that question on his peril as a sworn witness. Witness: Well, the patient was received into the hospital.—The Coroner: When? Witness: On the 11th of April. The Coroner: You were then a resident.—Witness (interrupting): No, sir.—The Coroner: I am speaking of your title. Witness: I resigned my resident appointment on the first Friday in March.—The Coroner (warmly): You had filled the office of resident medical officer at the hospital, and were seen at the hospital two days ago. I ask you whether you received this patient? Witness: No, sir. In answer to further questions, witness admitted that he attended the deceased during life, and was present at a *post-mortem* examination of the body.—The Coroner: Can you tell the jury the cause of death? Witness: I have had no order for a *post-mortem* examination.—The Coroner (hotly): Can you tell the jury the cause of death? Witness: No, sir.—The Coroner: You swear you cannot tell the cause of death? Witness (coolly): Not without the fee.—The Coroner: Oh, no! That won't do, sir. You are sworn, and must answer my questions if you can. Witness: You gave me no order for a *post-mortem*.—The Coroner: You have taken the oath. Witness (quietly): Well, that doesn't matter.—The Coroner: You are sworn to tell the truth, the whole truth, and nothing but the truth. I now ask you whether, having been present at the *post-mortem*, and having attended the patient in life, you can say what was the cause of death? Witness: No, sir.—The Coroner: You said just now 'not without a fee.' Do you mean that? Witness: I meant I could not tell the cause of death until a *post-mortem* examination had been made.—The Coroner: Can you tell me now? Witness: I cannot answer apart from the *post-mortem*."

AFTER some further fencing, the Coroner, losing all patience, said he committed him to prison for wilful contempt of court, remarking that he never saw a more disgusting and miserable exhibition from a well-educated man. A policeman was about to march the doctor off to prison, when the Coroner said he would ask him once more: "Having attended this patient during her life, and been present at the *post mortem* examination of the body, can you tell the jury what is the probable cause of death? Witness: I should say the probable cause of death was shock.—The Coroner: Very good. Witness: The shock might be caused by a fall or burns, or anything else.—The Coroner: Never mind about that. (To the jury): After half an hour's trouble you have got this gentleman to give the cause of death.—Witness (interrupting): The probable cause.—The Coroner: Pray, sir, don't interrupt. You will not interrupt me again,

sir.—Witness (to himself): You've got nothing of any use.—The Coroner (to Sergeant Gosling): Remove this gentleman from the Court. I shall leave the authorities of the hospital to resent the insult offered to the Queen and this Court.—Witness (retiring): I hope they will resent the insult to the hospital.—The Coroner (warmly): Oh, sir, I will take care of the hospital.—Witness: I don't know about that.—Sergeant Gosling then showed Dr. Foxwell to the door, and shut it upon him. The Coroner then remarked to the jury that it was obvious that this was a mere struggle for a guinea. The jury then returned a verdict of "Death from natural causes," and the exciting proceedings terminated. One cannot but regret that such an unseemly exhibition should take place. Dr. Foxwell no doubt, thought he was only defending his rights in declining to give evidence without a fee, but having allowed himself to be sworn, he could not decline to answer the questions put to him by the Coroner. Had there been any informality in the summons, his best course would have been to absent himself from the Court, unless satisfied that the usual fee would be paid. But having put in an appearance, he should have given his evidence, and then have demanded his fee, and, if refused, taken legal proceedings for its recovery, about which there would have been no difficulty, had he been able to prove that he was not acting as resident medical officer at the hospital.

At the West Ham Police Court on Wednesday last, Mr. Charles Wiseman was sentenced to fourteen days imprisonment with hard labour for stealing an ophthalmoscope and case from Mr. Thomas Vallance, of Stratford. The prisoner called upon Dr. Vallance in the course of a begging tour, and improved the occasion by appropriating the instrument which lay on the table within reach. Fortunately the doctor missed the instrument at once, and followed Mr. Wiseman, gave him in charge, and so recovered the stolen property. Robberies from doctors' consulting rooms have been very frequent of late, and it is satisfactory to know that at least one wretch has been apprehended.

ONE of the saddest features in the lamentably sad Soudan business, is the large mortality among the medical staff of the expedition. In nearly every engagement members of the medical staff have fallen victims to the sword, whilst disease has also been very busy among them. One of the latest victims is Paul Bennett Conolly, M.R.C.S. and L.S.R., of the Light Camel Corps, who died from enteric fever, on the banks of the Nile, on the 18th, at the early age of thirty-one.

A young man, named John Lee, twenty years of age, and said to be a medical student, was charged at the Worship-street Police Court on Wednesday with stealing from his landlady, who resided in Bethnal Green-road, two pawnbrokers' duplicates, thereby unlawfully obtaining property to the amount of five pounds. The young man did not deny the

theft, but cried bitterly and begged the magistrate not to send him to prison. He was remanded for a week for further inquiries. I don't believe that Mr. John Lee is a medical student. He may be an East End chemist's assistant, or a general help at one of the low dispensaries which flourish in Bethnal Green, but that is not a quarter much affected by medical students.

At the Court of Appeal, on Wednesday last, Dr. Montague D. Makuna was successful in getting an order to reverse the decision of Mr. Justice Pearson, given about a month ago, at the suit of Mr. Idris Davies, an unqualified practitioner of Ystrad-Rhondda, by which an interim injunction was granted restraining Dr. Makuna from practising as a medical man within ten miles of Ystrad-Rhondda until after the trial now pending between the parties. It may be remembered that Dr. Makuna entered the service of Mr. Davies as an assistant, signing an agreement that he would not practice either for himself or any other person at Ystrad-Rhondda, or within ten miles thereof, for a period of five years after leaving Mr. Davies' service, except with his sanction, given in writing. After a time disagreements arose, and Dr. Makuna left Mr. Davies, and began practice on his own account in the neighbourhood. Mr. Davies is now trying to restrain him from practising, but Dr. Makuna contends that the agreement is void, as the plaintiff is therein described as a "medical practitioner," whereas he holds no legal qualification. By the decision of the Court, Dr. Makuna will be permitted to practice at Ystrad-Rhondda until after the trial now pending between the parties to prove the legality of the covenant.

PERIPATETICUS.

Original Papers.

NOTES ON ANATOMY.

By G. M. DARTNELL, L.R.C.S., &c.

(Continued from page 91.)

RADIO-ULNAR LIGAMENTS.

Orbicular.—A strong flat band of fibres, which is attached to the extremities of the lesser sigmoid cavity and surrounds the head of the radius.

Note.—The supinator brevis muscle partly arises from this ligament.

Interosseous.—Is attached to the sharp interosseous borders of both radial and ulnar bones in all the lower part, a space being left between the bones above, through which the posterior interosseous artery and vein pass; and below two or three spaces for the passage of the anterior interosseous artery and its branches. Its fibres run downwards from the radius to the ulna. *In Front.*—Flexor longus pollicis, anterior interosseous artery, vein and nerve, flexor

profundus digitorum, pronator quadratus.
Behind.—Supinator brevis, extensor ossis metacarpi pollicis, extensor primi internodii pollicis, extensor secundi internodii pollicis, extensor indicis, and, near the wrist, the anterior interosseous artery and posterior interosseous nerve.

Round (or Oblique).—Is a band attached to the tubercle at the base of the coronoid process of the ulna, and to the radius a little below the bicipital tubercle. Its direction is the reverse of that of the interosseous membrane:

Anterior Radio-Ulnar.—A short fibrous band extending from the anterior margin of the sigmoid cavity of the radius to the anterior surface of the head of the ulna.

Posterior Radio-Ulnar.—A fibrous band uniting the posterior extremities of the radius and ulna.

Triangular Fibro-Cartilage.—Is placed transversely beneath the head of the ulna, binding the lower end of this bone and the radius firmly together.

Above.—Head of ulna.

Below.—Cuneiform bone.

ANTERIOR ANNULAR LIGAMENT

Is a strong fibrous band bound to the tuberosity of the scaphoid bone, and to the ridge of the trapezium bone on the outer side, and to the unciform process of the unciform bone and the pisiform bone on the inner side.

In Front.—Ulnar artery and nerve, cutaneous palmar nerves, tendon of palmaris longus muscle, superficialis volae artery, some fibres of flexor carpi ulnaris muscle.

Behind.—Median nerve and the tendons of the flexors of the thumb and fingers.

2 *Muscles.*—Palmaris longus and flexor carpi ulnaris (some fibres of)

2 *Arteries.*—Ulnar and superficialis volae of radial

2 *Nerves.*—Ulnar and palmar cutaneous

9 *Tendons.*—Flexor sublimis digitorum (4)
 Flexor profundus digitorum (4) } Pass over it.
 Flexor longus pollicis (1) }

1 *Nerve.*—Median

2 *Muscles.*—Palmaris brevis
 Flexor brevis pollicis } Arise from it.

1 *Tendon.*—Flexor carpi radialis } Pierces it.

Note.—The tendon of the flexor carpi ulnaris sends an expansion over the ulnar artery and nerve, which must not be mistaken for the ligament.

POSTERIOR ANNULAR LIGAMENT

Is a strong fibrous band bound to the margin of the radius bone externally, and to the ulna, cuneiform, and pisiform bones, and palmar fascia internally. In its passage across the wrist it is also attached to the elevated ridges on the posterior surface of the radius. It has six grooves, through which the following tendons pass, being numbered from without inwards:—

1. Tendons of extensor ossis metacarpi pollicis, and extensor primi internodii pollicis.

2. Tendons of extensor carpi radialis longior and brevior.

3. Tendon of extensor secundi internodii pollicis.

4. Tendons of extensor communis digitorum and extensor indicis.

5. Tendon of extensor minimi digiti.

6. Tendon of extensor carpi ulnaris.

SUPERFICIAL PALMER ARCH

Is formed by the ulnar artery and the superficialis volae branch of the radial artery:—

In Front, 4 { Integument,
 Granular fat,
 Palmaris brevis muscle,
 Palmar fascia.
Behind, 4 { Annular ligament,
 Origin of muscles of little finger,
 Superficial flexor tendons,
 Divisions of median and ulnar nerves.

Note.—Four digital arteries are given off from the convexity of the palmar arch, which supply the little, ring, and middle fingers, and ulnar half of the index finger. These arteries are accompanied by digital nerves. In the hand the arteries are superficial to the nerves, but, as they run along the sides of the fingers, the nerves are superficial to the arteries.

THE PROFUNDA ARTERY.

Origin.—A branch of ulnar artery.

Course.—It arises from the ulnar artery as soon as it has crossed the annular ligament, and, accompanied by the deep palmar branch of the ulnar nerve, passes between the abductor minimi digiti and flexor brevis minimi digiti, to inosculate with the deep palmar arch of the radial artery.

Note.—This is also called the communicating or deep branch of ulnar artery.

PALMARIS BREVIS MUSCLE.

Origin.—From annular ligament and palmar fascia.

Insertion.—Into the skin on the inner border of the palm of the hand.

In Front.—The skin (integument).

Behind.—Inner portion of the palmar fascia, ulnar vessels and nerve, and muscles of the ulnar side of the hand.

Nerve.—Ulnar.

Action.—Corrugates the skin on the inner side of the palm of the hand.

Note.—This muscle is often absent.

SUGGESTED INTER-HOSPITAL ROWING CHALLENGE CUP.

A short time ago, an effort was made to start an Inter-Hospital Challenge Cup for Rowing. This attempt (at any rate, in the case of those Hospitals which do not as yet possess Rowing Clubs) has fallen through. The reason of this is, that newly-formed Clubs do not care to be burdened with so great a drain on their resources as the luxury of an eight or a four.

It is very probable, however, that, although a newly formed Club may shrink from supporting an eight, yet that individual members of that Club would be quite ready to incur the trouble and expense of a sculling or pair-oared match.

For the present, then, there might be "Inter-Hospital Sculls" (which might even be continued hereafter in addition to the Four or Eight-oared Races, if thought fit), the starting of which would, at least, show that we are in earnest, and would encourage members of Hospitals to fresh exertions in starting their Boat-Clubs.

No prize need be offered (for the present, at any rate), as the honour of winning will fully repay the successful competitor for all his exertions. If, however, it should appear desirable to offer a prize, there is no reason why competitors should not pay an entrance-fee of £1, and that whatever sum remained from the total thus obtained (after paying all necessary expenses) should be spent in purchasing a Cup for the winner. If the number of competitors from each Hospital be not restricted, the entrances should be numerous.

In the mean time, those Hospitals not possessing Rowing Clubs (and these are, I believe, far more numerous than those possessing them) could utilise this summer in starting and organising them; and very possibly, by next year, we might see representative crews from many, if not all, the Medical Schools, prepared to contend for an Inter-Hospital Cup. It seems a pity to allow so good an idea to fall to the ground through want of energy to carry it out; and I trust those who started the idea will again take it up, as I am sure they will find many supporters, who will come forward as soon as any definite arrangement appears to be forthcoming.

CANTAB.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, APRIL 25, 1885.

EDITORIAL AND PERSONAL.

THE occasions on which royal personages are accustomed to pay visits to the London Hospital, though few in themselves, are sufficiently frequent to place the institution in question among the most favoured of its class in this respect. That this should be so is satisfactory for many reasons, but above all because it shows a very evident sympathy with distress, as it exists among the very poor, on the part of those occupying the most exalted station. The latest visit of the kind is that paid by the Princess Christian last week, when Her Royal Highness was present in the hospital more than an hour, spending the time principally in the children's wards, and in viewing the new buildings erected as an extension of the Nursing Home. This block is being built with the money derived from the railway companies as compensation for interference with the foundations of the hospital during the construction of the lines which tunnel beneath Whitechapel, and the additional accommodation it will afford will add materially to the administrative conveniences of the hospital. A lunch preceded the royal visit, and a

number of influential friends of the hospital were present at the ceremonies which were regarded as inseparable from the occasion of receiving a live princess in the East End.

At the seventy-eighth annual festival of the City of London Truss Society, held on Tuesday evening last, at the Albion Hotel, it was announced that the number of patients assisted last year was 9,248, making a total from the foundation of the Society of 405,426. Aid to meet the increasing expenditure was besought by the Chairman, the Lord Mayor, and in response, a sum of between £500 and £600 was subscribed in the room. The income is only about £2,700, while the outgoings are over £2,000 more than this.

A CORRESPONDENCE is proceeding in the *Sporting Times* respecting the probable manner in which a certain horse was "got at" just before a recent race, with the object—successfully accomplished—of destroying its chance of winning. Some interesting details are disclosed in these communications, from which it appears that the practice of thus disabling racers is more common than is usually imagined. One method of securing the end in view is to inject a solution of morphia into the mucous membrane of a nostril, and from the ease with which the operation can be performed, without too great risk of observation during the period when, immediately prior to the race, the animal is surrounded by many persons, it is a favourite plan with "nobbles." Another proceeding is to administer a feed of fresh hemlock leaves, a veterinary surgeon suggesting half a pound as the probable dose. The same authority mentions curare also as in use for the same object, but, owing to its rapid and certain effects, morphia is the agent adopted in most cases.

ON Wednesday last several new Bills were issued from the Parliamentary printers, and among them was one for the amendment of the Medical Act of 1858. It will be remembered that we were able to announce, at the commencement of the session, that the Government intended to re-introduce the measure, but since then the course of events has been such as to leave no hope that time would be found to discuss and pass it. It would be idle to look forward to any legislation of this kind, much needed though it is, so long as we have impending over us the prospect of a mighty war. In its presence medicine must even be content to do its duty unreformed, and that it will be equal to the great emergency confronting it, we have not far to go in history to prove.

SURGEON-GENERAL CHARLES DODSON MADDEX, of the Army Medical Staff, who served with distinction in the Crimean, Indian Mutiny, and Abyssinian campaigns, has taken over the position of Principal Medical Officer to the troops in India, vice Surgeon-General Sir A. D. Home, V.C.

SIX cases of poisoning were, on Wednesday, reported to the Glasgow police. Four of the cases occurred during the day, and two on the previous night. The six persons are stated to have partaken of currant scones purchased at two shops, but manufactured by the same baker. All the persons are recovering, but the doctors who attended them state that they have suffered severely from some irritant poison. The police have taken possession of 32 other scones.

COMPEERS AND COMPETITORS.

THE callow youth, who deems that with the attainment of a diploma his troubles will cease, and that he will have the world in a string, will not find the experience of a professional brother very cheering to contemplate. This gentleman is striving to earn bread and cheese in a small manufacturing village, in which there is another qualified practitioner besides himself. This is not to be complained of, because each must live, and as more men come into the ranks they must close up and make room. But young medicus has not only "the other fellow" to contend with, but counts his illegal opponents on six fingers.

First, there is the local chemist; a worthy who has, at some remote period in his career, been dispenser, bottle-washer and surgery boy to some doctor or other, and who advertizes the fact on his bills, with the single exception, that he must figure there as the "Assistant" of the gentleman in question, who must be much gratified to have the honorable connexion made known so extensively. It is kind and modest in the chemist to stop at "Assistant," as his brothers are apt, under such circumstances, to describe themselves as the "Partners of distinguished Fellows and Members of the Royal Colleges of Physicians and Surgeons, &c." It is a pleasing thing to our friend to meet this good chemist on his rounds, and to ponder over the fact that he is saved a good deal of work by that obliging gentleman. But Medicus has his triumphs; he will on rare occasions oust another "doctor"—everybody is called "doctor" in that charming locality—from the confidence of the patient. His skill is famed abroad, and the patient sends for him. On arrival, he hears respectful, not to say reverent, references to "the other doctor," and he is now very cautious in his language since he found one of the "other doctors"—an abominably dirty collier, with a speciality in worms—seated in the chimney corner of his whilom patient. But these are not the only two "other doctors." There is a local dissenting minister who visits the sick to prescribe for their physical wants. The dear man feels that healing is higher than teaching, and is very anxious for his and other person's flocks not to learn the "great secret" too soon, lest they be disappointed therein. As he hath a penchant for homœopathy, let us hope he won't kill his man, but let the disease do it fair and square. And if he does kill his man, which he is likely to do, from all accounts, even by "Homœopathy," subscriptions may be sent to the office of this journal for his defence—just to show there is no ill-feeling. Our Medi-

cus is thinking, though, of seeking the Assistant-pastorate of his Church to make the account even; and not to make the saving of bodies his sole business.

Yet another doctor adorns this lively village, and must be reckoned with by Medicus. The local co-operative store boasteth a manager who is skilled in herbs—pronounce *yerbs*, please. This learned man scored off our Medicus on one sad occasion. Medicus had a case of typhus, and as the case was kept in a small ill-ventilated bedroom, which was shared by five other human beings, he was rash enough to suggest isolation. It was a fatal suggestion. The "yerbalist" doctor was called in, and the other inmates slept among typhus germs, worked in a large mill all day, and attended chapel every other evening.

A quack from a neighbouring village does a good deal of work, too, for poor Medicus. How he gets his bills paid, God knows, for he has no sensation of a qualification, or of medical training, and yet thrives, and dresses more gaily than Medicus, who can but relieve his feelings by expletives, in the usual way, and use his billheads to write despairing letters on to his girl.

Another Richard in the field is a bone-setter, who flourishes also, and drives a trap; and is generally so gorgeous that Solomon in all his glory, is not equal to one of these. We will not follow the troubles of Medicus any further; were we not acquainted personally with the case, did we not know that the same state of things exists pretty much everywhere, it would be hard to believe. To thee, dear Studeus, we tell the story, and thou must seek its moral for thyself. It is wisely said, "the law only protects the wicked." If Medicus set a bone wrongly, he would have damages to pay: yet Mr. Bonesetter setteth wrongly as a regular thing, and no man can touch him, save with a cudgel, in which case Bonesetter will send him to gaol. The collier can kill his man very safely; Medicus would suffer. The dissenting minister cannot be touched, and if he goes wrong, it means the prayers of a sympathetic congregation, a purse of money, and a service of plate. All the "other doctors" get ready money, no legal risk, and no expenses to speak of. Alas! poor Medicus; only thou—rash fool that thou wast to sweat thy brains away in study, and spend thy patrimony in fees and medical councils—must starve, and wait, while thy compeers and competitors flourish and spread themselves out like green bay trees.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology at meetings of the Board of Examiners on the 13th and 14th inst., viz.:—Messrs. R. O. Bowman, J. D. Windle, D. Booth, W. L. Bentley, E. E. Smith, and A. E. Giles, Manchester; R. Bird, C. S. Edwards, J. G. E. Colby, W. N. Evans, J. Rust and T. W. Francis, St. Bartholomew's; G. A. Robinson, London; H. J. Campbell and M. J. Morgan, Guy's Hospital; F. W. Stokes, Birmingham; E. E. Kershaw and M. P. Cooke, Middlesex Hospital; F. Naumann and A. W. Cooke, Charing-cross Hospital; R. P. Brooks, King's College; S. Weldon and J. Wayte, St. George's; W. Ap S.

J. Graham, St. Mary's; T. A. Durrant, St. Thomas's; Hospital; H. C. L. Arnim and R. May, Charing-cross; P. G. Selby, E. T. M. Tunnicliffe, A. L. Travers, J. W. Applegate and A. L. Bright, St. Bartholomew's; R. J. Langley, R. V. Solly, E. C. Mahany, and H. C. Bristowe, St. Thomas's; H. E. Drake-Brockman, B. H. Comerford, and R. S. Turton, St. George's; J. Wigg and J. H. E. Jarvis, London; H. E. Cuff, G. B. Smith and J. D. Cruickshank, Guy's; C. H. Fernan, University College; H. P. Ward, King's College; C. H. Buckley, J. P. Walker, and G. A. Berry, Manchester; and W. B. Cockill, Middlesex. The following passed in anatomy only—viz.:—Messrs. M. B. Dumaresq and W. Mortimer, London; J. H. Gordon and W. Rennie, Birmingham; A. Bowles, University College; A. C. Roberts and T. O. Raw, Guy's; T. A. Murray, Manchester; and E. Dawson, Westminster. The following passed in physiology only—viz.:—Messrs. P. S. Harris, Middlesex; W. D. Gimson, St. Bartholomew's; L. N. Hoysted, Charing-cross; F. Elias, University College; G. W. B. Daniell, St. George's; G. A. Slack, Guy's; A. Crook, London; F. C. Rogers, Manchester; C. L. S. James, London; A. F. Bilderbeck-Gomes, St. George's; P. V. Dodd, St. Bartholomew's; and T. G. Modlin. The following passed in anatomy and physiology under the combined scheme—viz.:—Messrs. O. Le M. Theobalds, W. L. Hubbard H. H. B. MacLeod, E. A. W. Armstrong, H. A. Smith, and E. R. White, King's College Hospital; A. W. James, W. P. Peake, and W. Woodward, St. Bartholomew's. The following gentlemen passed on the 15th inst.—viz., Messrs. J. A. Armitage and T. H. Ward, Edinburgh; J. G. Carter, Charing Cross; W. J. Bearblock, W. Fisher, J. O. Baines, E. H. Starling, J. V. Blachford and J. J. L. Aymard, Guy's; J. L. Reese, G. G. Parsons, and W. B. Darroll, London; E. C. Lomas, M. Bannister, H. Rhodes, and A. Baxendell, Manchester; E. A. G. Dowling, F. E. Gibbens, and G. Heaton, St. Bartholomew's; H. B. Denham, Bristol; W. H. Vickery, R. F. Thomas, and C. L. Worrall, Middlesex; G. A. T. Bray and R. J. Carter, King's College; E. Deanesley, University College; and J. T. Bays, St. Mary's Hospital. The following passed in anatomy only, viz.:—Messrs. J. D. Brown, C. W. Shaw, and W. S. Holford, St. George's; H. Birkenhead, Manchester; T. E. Pallett, Westminster; W. W. Williams, University College; J. J. Garmany, Melbourne, and J. E. Brown, Toronto. The following passed in physiology, viz.:—Messrs. W. J. Midelton and H. F. Whitechurch, St. Bartholomew's; J. Wilkins, London; M. E. H. Wale, St. George's; J. W. Cree, Middlesex; H. F. Cartmel, Manchester; N. Davis, Newcastle-upon-Tyne; and W. Jones, University College. The following passed on the 16th inst., viz.:—Messrs. G. O. Richards and R. B. Booth, Charing-cross Hospital; A. G. Hendly, A. Bentham, and W. G. S. Brown, St. Bartholomew's; J. Penny, King's College; J. A. Exton and S. J. Cole, London; C. S. Davis, A. E. Poolman, W. E. Tresidder, W. G. Brett, and J. E. Moyse, Guy's; A. J. Moss, Manchester; L. W. Powell, University College; C. S. Vines, E. L. Cropp, and G. J. Harris, Westminster; C. F. Rilot and W. H. Charles, Middlesex; J. H. Fardon, Bristol; F. W. Parker, A. H. Ward, and E. Le C. Lancaster, St. George's; J. C. Barr, St. Mary's; and R. F. Walker, St. Thomas's. The following passed in anatomy only, viz.:—Messrs. A. Pearse, St. Bartholomew's; and E. S. Bell, St. Thomas's. The following passed in physiology only, viz.:—Messrs. J. L. Johnston and O. H. Smale, Manchester; J. D. O'Sullivan, Dublin; H. B. Seddon, St. Thomas's; J. R. Gallard, London; A. Norman, Guy's; F. Gilpin, Middlesex; and H. H. Coates, St. Bartholomew's. The following gentlemen passed on the 17th inst., viz.:—Messrs. W. H. Cooper, W. W. Ord, O. H. James, J. H. Lotz, F. Fowler, and H. H. Hefferman, St. Thomas's; H. W. Lewis, C. T. B. Maiese, W. W. Williams, Lewis Brown, G. L. Kemp, and A. Carter, Guy's; C. O. Sen and C. Duer, University College; T. H. Clarke and J. Maberley, Middlesex; N. E. Smyth, Birmingham; J. Norton, Westminster; C. W. Ensor and W. G. Sargent, London; W. B. Lane and T. Lakeman, St. Bartholomew's; S. E. Pedley, Charing Cross. The following passed in anatomy only, viz.:—Messrs. J. M. Bremner, King's College; W. H. F. Godwin, Westminster; S. H. Hughes and F. Heasman, St. Bartholomew's; N. Tyacke, Middlesex; G. H. Trenfield, Bristol; H. Cockerton, St. George's; and G. R. Anderson, St. Thomas's. The following passed in physiology only—viz.:—Messrs. F. P. Drury and

F. Tyrrell, Middlesex; T. W. Sargent, London; P. A. Linnell, Manchester; and C. E. Seal, University College. The following gentlemen passed on the 18th inst., viz.:—Messrs. T. J. Dabell, W. G. Williams, T. E. Spencer, and R. Martyn, St. Bartholomew's; J. Foster, W. Powell, W. A. F. Twemlow, and A. H. W. Hunt, Westminster; J. B. Parkinson, E. B. Hastings, R. F. Gill, and J. E. Gould, University College; C. H. Eccles, St. Thomas's; W. Heatley, E. Baly, and A. B. Davies, London; H. C. Barr, St. Mary's; W. J. Radford and J. G. V. Sapp, Charing-cross; G. C. B. Atkinson and W. Gifford-Nash, Middlesex; and F. W. Pearce, Guy's. The following passed in anatomy only, viz.:—Messrs. A. Lucas and C. R. B. Alexander, St. Bartholomew's; E. Webster, St. Thomas's; and F. J. Oxley, London. The following passed in physiology only, viz.:—F. J. Brown, Middlesex; J. S. Part, Westminster; and G. T. Mould, St. George's.

VACANCIES.—Celbridge Union—Medical Officer, Workhouse Salary, £100 per annum, and £15 yearly as Consulting Sanitary Officer. Applications to S. Manning, Clerk of Union Election on April 29th. City of London Lunatic Asylum, Stone, near Dartford, Kent—Assistant Medical Officer. Salary, £120 per annum. Applications by April 30th. Coombe Lying-In Hospital, Dublin—Assistant-Physician. Applications to Dr. S. R. Mason, 92, Harcourt Street, Dublin. General Infirmary, Leeds—One House-Physician and Two House-Surgeons. Applications to A. W. Mayo Robson, Hillary Place, Leeds, by April 28th. Hackney Workhouse—Assistant Medical Superintendent. Salary, £120 per annum, with residence and rations. Hartlepool's Friendly Societies' Medical Association—Assistant Medical Officer. Salary, £130 per annum. Applications to T. Tweddell, Commercial Terrace, West Hartlepool. Liverpool Dispensaries—Two Assistant House-Surgeons. Salary, £108 per annum. Applications by April 27th. Macclesfield General Infirmary—Junior House-Surgeon. Salary, £70 per annum. Applications to the Chairman of the House-Committee by April 25th. North-West London Hospital, Kentish Town Road, N.W.—House-Surgeon. Salary, £50 per annum. Applications by April 28th.

University, College, and Hospital Intelligence.

OXFORD UNIVERSITY.

EXAMINATIONS FOR THE DEGREE OF B.M.—Candidates are informed that examinations for the degree of Bachelor of Medicine will commence in the Medical Department of the Museum as follows:—The second (or final) examination, Monday, June 8, at 10 a.m.; the first (or scientific) examination, Friday, June 19, at 10 a.m. Candidates for either of these examinations are requested to send in their names, on or before May 23, to "the Regius Professor of Medicine, Medical Department, Museum, Oxford." Candidates for the Scientific Examination are to state whether they have passed the Preliminary Honour Examination in the School of Natural Science; and, if not whether they desire to present themselves for physics and chemistry only at this examination, or for all the subjects thereof.

DUBLIN.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—*Anatomy Class List*.—I. Session 1884-85. Senior medal. *Descriptive Anatomy*.—Mr. Powell, 90 per cent. First class certificates (over 75 per cent.), Mr. Byrnes; 85, Mr. Bewley, Mr. Cummings, Mr. Strangman, and Mr. Nelson. Second class certificates—Mr. Barter, 65 per cent., Mr. Beamish, Mr. Ferguson and Mr. Gourley, 60 per cent. *Practical Anatomy*—Senior Medal, Mr. Lagan. First class certificate—Messrs. Matthews, Fenton, Hickey, O'Donohoe, Reid, Rossiter, Strangman, C. Woodright, W. Woodright, and Cook. I. *Descriptive Anatomy*—Junior medals.—Mr. Gore and Mr. Johnston, 95 per cent. First class certificates—Mr. Banks, 85 per cent.; Mr. Ewing, Mr. Summers, and Mr. Jennings, 80 per cent. Second class

certificates.—Mr. Burland and Mr. Lyons, 70 per cent.; Mr. Green and Mr. Molloy, 65 per cent.; Mr. McMunn, Mr. Clarke, Mr. Stewart, Mr. Harding, Mr. Finnegan, and Mr. Lee, 60 per cent. II. *Practical Anatomy*.—Junior medals—Mr. Byrne, Mr. Gourley. First class certificates.—Mr. Gore, Mr. Johnston, Mr. Marwood, Mr. Beamish, Mr. Cummings, Mr. O'Rafferty, Mr. Nelson, Mr. Lyons, Mr. Hanks, Mr. Barter, Mr. Cremein.

TRINITY COLLEGE.—SCHOOL OF PHYSIC IN IRELAND.—Prize examinations in medicine and midwifery were conducted by the respective professors, on March 26th, 27th and 28th. The following were the successful candidates:—*Practise of Medicine*. First prize—R. H. Todd and G. A. Wade, equal, 67.5 per cent. Extra prize—R. L. McAdam, 65 per cent. J. Magee Finney, M.D., King's Professor of Medicine. *Midwifery*.—First prize S. E. Bonicher-Hayes; Second prize, G. A. Wade: Extra prizes, R. L. McAdam and R. H. Todd. J. Rutherford Kirkpatrick, M.D., King's Professor of Midwifery.

SOUTH LONDON SCHOOL OF PHARMACY.

DISTRIBUTION OF PRIZES.—The following prizes were presented to the successful competitors at the school examinations held from the 7th to the 11th April, on Wednesday, the 22nd April, 1885:—Senior Chemistry: Medal, David Kingan; certificate, John G. Rowell. Junior Chemistry: Medal, Thos. C. Barkas; certificate, Ernest A. Long. Botany: Medal, David Kingan; certificate, Ernest Daintree. *Materia Medica*: Medal, Ernest Daintree; certificate, Thos. C. Barkas. Pharmacy and Practical Dispensing: Medal, Ernest A. Long; certificate, Jeremiah Burgess. Extra Certificates of Merit: Messrs. Carr, Fulcher, Moore, Pyle, Reedman, Robinson, Tirrell.

Examination Questions.

UNIVERSITY OF ABERDEEN.

EXAMINATIONS FOR THE M.B. AND C.M., APRIL TERM, 1885.

Botany.—1. Describe fully all that may be seen in the transverse section of the stem of an oak, or other dicotyledon, in its first year of growth, and state in what respects the structure is modified in later years. 2. Define the following forms of fruits:—achene, capsule, drupe, follicle, berry, nut. Name a natural order to exemplify each, and indicate an adaptation in any three of them to secure distribution of the seeds. 3. State fully what you know regarding the action of light on the structure, colour, and functions of green plants. 4. Describe the usual structure of a living plant-cell, and state what tests you would employ to diminish the various constituents of the cell. What is the difference between parenchyma and prosenchyma? 5. Trace the development from the first appearance of the ovule till the development of the embryo in the seed in gymnosperms, and in angiosperms. 6. A plant has the flowers on a scape, in a simple umbel; flowers regular, with 6 petaloid perianth-segments; stamens 6; carpels superior, 3, coherent, with axile placentae and numerous anatropous ovules. To what natural order does it belong? Name the useful or medicinal plants in the order. 7. Name the plants (giving the natural order of each) that yield:—opium, mustard, aconitine, tannin, tobacco, barley. Supplement your answers with sketches. Any six questions, but not more, to be answered.

Natural History.—1. Compare a spider with a beetle, indicating accurately the characters in which they agree, and those in which they differ. 2. Describe the structure and life-history of the common tapeworm. Refer it to its place in the animal kingdom, and name any other orders of worms, representatives of which may infest the human body. 3. Enumerate the principal characters of the dipnoi, and compare them with those of an ordinary teleostean. Name the remaining orders of fishes. 4. Describe the chief points of distinction between a newt (triton), and a true lizard (lacerta). Refer each to its

place in the animal kingdom. 5. Compare the "tarsometatarsus" of a bird with the "cannonbone" of a ruminant, and indicate in both instances the variations from the normal type of anklejoint. 6. Describe the dentition of the mammalia generally, indicating the bones which may carry teeth, and the usual grouping of the teeth. Give the "dental formula" of any mammal, and define the terms, "monophyodont," and "diphyodont." 7. Give the general characters of the digitigrade carnivora, and enumerate the families comprised in this group. Not more than five questions to be answered. Questions 3, 5, and 7 are honours questions.

Chemistry.—1. What is meant (1) by ignition, (2) by combustion, and (3) by flame? Explain the construction of the flame of a candle and the flame of a Bunsen's burner. 2. Explain the mercurial barometer. In what way does "pressure" influence (1) the volume of a gas, and (2) the boiling point of a liquid? 3. Give the relative weight of the following gases:—namely, nitrogen, chlorine, carbonic anhydride, ammonia, marsh gas, also of bromine vapour—first referred to hydrogen as 1, next to air as 1. 4. Given sodium chloride and manganese dioxide—explain the action of sulphuric acid on each of these substances, and on a mixture of the two. 5. How is phosphorus prepared? Give equations of the chemical reactions involved. What are the physical and chemical properties of this substance? 6. Give the ordinary preparation of any three of the following substances:—namely, Epsom salts, bleaching powder, potassium cyanide, green vitriol, magnesic carbonate. 7. What chemical change goes on during the process (1) of malting, (2) of fermentation, and (3) of acetification?

Materia Medica.—1. Enumerate the substances commonly used as "Anthelmintics," and describe how you would direct them to be administered—giving the doses. 2. Describe the characters and give the doses of the following drugs:—Scilla, elaterium, ergota, camphora, cantharis, gamboge, kouses, and jalap. 3. What pharmaceutical (or dietetical) precautions must be taken in prescribing the following drugs:—Iron, arsenic, copaiva, mercury, and iodide of potassium? 4. Give the preparations containing opium (B.P.), with their doses, and the proportion of opium in each. 5. Aconite. Describe the plant and the parts used (B.P.). Give the preparations, and state in detail the modes in which each preparation may be used. Briefly describe its action. 6. Classify the drugs which act specially on the nervous system, stating the mode in which each group acts. 7. Write prescriptions for the following:—(a) A stimulating liniment to be rubbed upon a child's chest; (b) Order mercury "internally," by "innunction," by "vapour," or by "a bath;" (c) Write prescriptions for a diuretic pill and mixture; (d) Prescribe a draught as a mild purge for a child two years old, and for a man of adult age. Prescriptions to be written in Latin, without abbreviation, and the "directions" to be given in English. (Five questions to be answered, of which question 7 must be one.)

Anatomy.—1. Describe the position, form, and direction of the synovial surfaces presented by the following bones:—(a) ulna; (b) astragalus; (c) axis. 2. Give the attachments, structure, and nerve-supply of the following muscles:—(a) deltoid; (b) rectus femoris; (c) temporal. 3. Give an account of the parts contained between the layers of the mesentery, as seen with the naked eye. 4. Trace the arteries and veins of the lungs from their commencement to their termination, and give the arrangement of the capillaries in the lung. 5. Give an account of the position and appearances (as seen with the naked eye) of the following parts of the eyeball—choroid, retina, iris, lens. *For Honours*.—6. Describe the form and arrangement of the corpuscles in the various forms of connective tissue. (Any five of these questions to be answered, but not more than five.)

Regional Anatomy.—1. Mention, in their order, as seen in dissection, the parts which lie between the skin and the dorsum illi. 2. Give the position and relations of the blood vessels and nerves at and near the elbow. 3. Give the dissection necessary to expose the popliteus muscle. 4. Mention, in their order, the parts met with between the skin and the brain-substance in the area corresponding to the parietal bone. *For Honours*.—5. Give the dissection necessary to expose the dome of the pleura in the neck. (Any four of the above to be answered, but not more than four.)

UNIVERSITY OF EDINBURGH.

SECOND PROFESSIONAL EXAMINATION.

Materia Medica.—(Examiners, Professor Thomas R. Fraser and Dr. Murrell).—1. Describe the preparation and characters (not chemical) of Nitrate of Silver. State its uses and doses. 2. Enumerate and classify the Purgatives in common use, and give an account of the mode of action of Saline Purgatives. 3. What are the chief therapeutic applications of Nitrites? What Nitrites are used in disease, and what is the dose of each of them? 4. Describe briefly any untoward effects which may result from medicinal doses of quinia, arsenic, iron, belladonna, iodide of potassium, bromide of sodium, chloral, mercury, and nux vomica.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following questions were given at the primary examination on the 7th and 8th inst.

Anatomy.—1. Enumerate, in their relative positions, the bones entering into the formation of the roof, floor, and lateral walls of the orbit. 2. Describe the various ligaments connecting the radius and ulna. 3. Give the origin, insertion, and nerve supply of the following muscles:—(a) Deltoid. (b) Temporal. (c) Adductor magnus. (d) Latissimus dorsi. 4. Describe the course and relations of the external iliac artery. What are its branches? 5. Give the relations of the right and of the left kidney. 6. Describe a dissection to expose the posterior surface of the soleus. Candidates must answer at least four questions, and may with advantage answer all six.

Physiology.—1. Define the term "cell." Describe its structure. Classify cells according to (a) their shape, (b) their function. 2. How are fatty matters digested? How are they absorbed? What is their use? 3. Explain the production of the sounds and impulse of the heart. 4. Explain how air is admitted to and expelled from the thorax. State the differences between inspired and expired air. 5. What is the effect of putting both vagi on a level with the cricoid cartilage (a) on respiration, (b) on cardiac movement, and (c) on blood-pressure? 6. Into what layers does the blastoderm or germinal membrane divide? Enumerate the principal tissues and organs developed from each. Candidates must answer at least four questions, and may with advantage answer all six.

Notices of Books.

REMEDIES FOR SKIN DISEASES.*

WHATEVER opinions may obtain among medical men as to the necessity of special institutions for diseases of the skin, there can be no question that they afford abundant opportunities of testing the value of remedies, and proving the best methods of applying them. It is gratifying to find that the medical staff of the British Hospital for Diseases of the Skin make no secret of their methods of treatment, and that they have, for the edification of the profession at large, disclosed in this handy little volume all the formulæ used in the hospital. Medical men will here find a ready help to the satisfactory treatment of the more intractable forms of skin disease, and we have no doubt that the "Pharmacopœia" will continue to be warmly appreciated by the profession generally.

Correspondence.

MRS. POTTS AND THE HOSPITAL FOR WOMEN.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—One would think a rejoinder would scarcely be necessary to your paragraph on the Hospital for Women in your issue of last Saturday; but lest our silence should be misinterpreted, I write a line to say that the medical staff had nothing to do with the permission given to Mrs. Potts to lecture "on behalf of" our hospital.

We greatly regret that she has been allowed to use the name of the Hospital for Women as a stepping-stone to her own

* The Pharmacopœia of the British Hospital for Diseases of the Skin. Third Edition. Edited by Balmanno Squire, M.B. Lond., Senior Surgeon to the Hospital. London: J. & A. Churchill.

notoriety. The affair was arranged by the Managing Committee, without any consultation with the medical officers.

Yours, &c.,

HEYWOOD SMITH.

18, Harley Street, Cavendish Square,
April 20th, 1885.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

Mrs. W. FINGLAND's communication arrived too late for insertion this week.

E. H. S. (University College Hospital). Many thanks for communication.

Mrs. W. MASTERS.—The letter reached the office in due time, but in consequence of the absence from town of the member of the staff to whom it was addressed, delay has arisen.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. C. E. Armand Semple, London; Dr. Thomas Barr, Glasgow; Dr. Heywood Smith, London; E. H. S., University College Hospital; Mr. Baxter, London; Dr. Benjamin Ward Richardson, London; Mr. Harborn, Birmingham; Mr. Lewis Brown, Guy's Hospital; Mr. W. Masters, Rochdale; Mr. C. B. Keetley, London; Dr. J. Brindley James, London; Mr. G. M. Dartnell, Liverpool; "Cantab.;" Dr. J. Brown, Bacup, &c., &c.

BOOKS, PAPERS, &c., RECEIVED.—Asclepiad, No. 6, by Dr. Benjamin Ward Richardson, F.R.S.; London, Longmans, Green, and Co., Paternoster Row.—Man, Whence and Whither? by H. J. Hardwicke, M.D.—Medical Times and Gazette—Medical Press and Circular—British Medical Journal—New York Medical Record—Canada Medical Record—Canada Lancet, &c., &c.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

POSTER'S Clinical Medicine, 3s. 6d., published at 10s. 6d. 124
NORRIS on the Physiology and Pathology of the Blood, 2s. 6d.;
Henry Smith's Surgery of the Rectum, Fifth Edition, 2s. 6d.
Bumstead and Taylor's Venereal Diseases, 4s. 6d. 259

BRODERICK on Curvature and Disease of the Spine, Third Edition; Heather Biggs' Manual of Orthopraxy, and Warrington Howard's Treatise on Orthopaedic Surgery; all good as new; the lot, 5s. 260

HANCOCK'S Anatomy and Surgery of the Human Foot, 3s.;
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- Huxley's Manual of Comparative Anatomy.** VERTEBRATES 12s. ; INVERTEBRATES, 16s.
- Wilson's Student's Guide to Zoology : a Manual of the Principles of Zoological Science.** With Engravings, fcap. 8vo, 6s. 6d.

Notes by the Way.

ALTHOUGH at the time I write, war with Russia has not been actually declared, everything points to an early outbreak of hostilities. Should war break out there will be a great demand for doctors and dressers, for the medical department is not at all up to war strength. On this subject, the *Evening News* says:—"In the event of war with Russia, it is difficult to say whence army doctors will be obtained. The unification system has proved a failure, and it is only the high rate of pay which attracts candidates to the Army Medical Department. The medical organisation of an army should consist of three units, instead of two; the first, or fixed limited regimental establishment of medical officers, and trained orderlies; the second and third, variable and expansible for the bearer companies and field hospitals. As it is, immediately on the outbreak of war, the old regimental system is practically resorted to, medical officers being attached to each regiment."

To the disappointment of those who prophesied evil things, the Prince and Princess of Wales have returned, safe and sound, from the visit to Ireland, much delighted with the exuberant manifestations of loyalty with which they were greeted in every part of the country. The visits of their Royal Highnesses to Trinity College, Dublin, and Queen's College, Belfast, will long be remembered, on account of the right royal reception which they received from the students, and with which they were manifestly much impressed. It is deeply to be regretted that the students of Queen's College, Cork, assumed such a hostile attitude, that their Royal Highnesses were recommended not to fulfil their intention of visiting the College. Whatever grievances the Irishmen have against the English Government—and they have many, doubtless—it should have been remembered that the Prince and Princess are not responsible for them; but at the same time, the Cork students were acting quite within their rights in giving expression to their disapprobation of English rule. In and about Cork, the vast amount of distress which exists among the labouring population, and the evils arising from "land grabbing," are so universal, that one cannot wonder that British rule is cursed by those Irishmen who have hearts which can sympathise with the sufferings of their fellow countrymen.

THE Dublin surgeon who displayed a black flag from his house on the occasion of the entry of the Prince and Princess into Dublin, and to whom I referred in the "Notes by the Way" of April 18th, has been boycotted by his professional brethren. At the meeting of the Surgical Section of the Academy of Medicine of Ireland, on Friday last, this gentleman was announced to make a communication, but the moment he was called up to read his paper, the members rose, *en masse*, and left the room, leaving the speaker to submit his communication to the chairman, the secretary, and two or three other officials of the section. Commenting on this little

episode, the *Medical Press and Circular* says: "We should suppose that this demonstration must have satisfied the hospital surgeon in question that, however he may have achieved the desired popularity in other places and with other people, his conduct is regarded with nothing less than disgust by the great majority of his professional brethren. He must perceive now that, whatever his political views may be, the opinion of his own profession is dead against his insulting the Princess as a means of displaying them, and he ought, therefore, to be ready to express regret for having been so misguided as to do so. The profession in Dublin feels that such an act by even one of its members compromises its good taste and the chivalry of its hospitality, and it is, therefore, apparently determined to disavow any sympathy with such a proceeding as that by which this gentleman has acquired notoriety."

At an inquest held recently in Liverpool on the body of a child, who died from the injuries sustained through his night-dress taking fire, a serious charge was made against one of the female attendants of the Stanley Hospital. The mother of the child asserted that she was kept waiting in the passage with the child for about fifteen or twenty minutes, and was then told by the attendant that the doctor was in bed, and that "the workhouse was the best place for the likes of them." The authorities of the Hospital are bound to investigate this grave charge against one of their servants, and if found to be true, they should dismiss the attendant as unfit to hold an appointment in such an institution.

A HUMAN monstrosity known as the "fat boy of Muchalls" died at Liverpool last week, where he had been on exhibit for some months past. He was four feet in height. He measured fifty-two inches round the chest, and twenty-seven inches round the thigh. A medical examination showed that this bulk was the result of healthy, natural fat, and that there were no signs of disease about him, except that which was the immediate cause of death, viz., inflammation of the lungs, following an attack of measles.

At the Hampton Petty Sessions on Monday last, the magistrates were engaged in investigating a charge of assault preferred against Dr. Robert Atthill, of Medon Villa, Feltham, by the Rev. F. Nelham, curate of the parish. The complainant stated that at 9.30 p.m. on the 18th of March he was called in his official capacity to visit a parishioner, and as he passed along the top of a lane the defendant stopped him and said "Six men are coming up the lane to fight me." Seeing he was drunk, witness said, "You must not stop me, I am called out suddenly. I should advise you to go home." Defendant replied, "Do you mean to insult me?" and struck him a violent blow on the shoulder with his open hand. Being a clergyman he thought it was best to go away, and he did so, and nothing would have been heard of the matter had it not been for information he received as to the subsequent misconduct of the defendant at his (witness's) house.

In cross-examination the rev. gentleman denied being on intimate terms with Atthill, but said their wives were on visiting terms. The defence was that the slap on the shoulder was merely a friendly salute, the parties being on intimate terms, but, at the same time, it was admitted that it was a very indecorous way of saluting a clergyman. Atthill also denied being drunk. The magistrates inflicted a fine of £1 and 9s. costs, but declined to accede to the request of the complainant that Atthill should be bound over to keep the peace. It is a great pity that such a trumpery case should have been allowed to come before the public. By the combined exercise of a little common sense and Christian charity, Dr. Atthill and his clerical friend might have settled their little differences without the aid of the magistrates.

A STORY reaches me from a town in the North of England which is worthy of being placed on record as indicating how necessary it is for doctors to have their wits about them if they wish to get on in the world. Not long ago, an accident happened to a public vehicle in the town in question, and a large number of passengers were severely injured. Two surgeons were quickly on the scene of the accident, one of whom immediately set to work dressing the wounds of the two or three worst cases; which done, he sent them off to the Hospital for further treatment. The other surgeon simply looked after the more trivial cases, took their names and addresses in his pocket-book, and sent them to their respective homes, telling them that he would call upon them immediately. The result is, that he has got some fifteen or twenty cases under his care, all of whom are going in for damages against the Company; whilst the surgeon who devoted his attention to dressing the worst cases finds that he is left without a single patient. How true is it that virtue is its own reward!

PERIPATETICUS.

Original Papers.

THE ESSENTIALS OF TOXICOLOGY.

By ARMAND SEMPLE, B.A., M.B. Cantab, M.R.C.P. London, Physician North Eastern Hospital for Children; Author of "Aids to Chemistry," &c.

(Continued from page 115.)

METALLIC POISONS.

ZINC. ZINCUM. Zn.

All the salts of zinc are poisonous, although certainly not nearly so much so as those of copper and lead. The only preparations requiring notice, are the sulphate (white vitriol or white copperas) and the chloride, which is contained in Burnett's fluid.

Symptoms of Poisoning.—There is a peculiar disagreeable metallic taste, vomiting of matters mixed with blood, severe pain in the abdomen, with purging, burning pain in the gullet, the pulse very feeble, the body very cold, the countenance

anxious, but the faculties clear. In some cases there has been no vomiting. Chloride of zinc exercises a severe corrosive action upon the mucous membranes. Froth will probably issue from the mouth, and both voice and sight may be lost. The nervous system may suffer considerably. The primary symptoms may, however, be recovered from, but they may often recur, and produce death by secondary causes, such as stricture of the œsophagus or pylorus, or by the chemical action of the poison on the mucous membrane of the stomach.

Treatment.—This is similar to that of copper poisoning. Opium may be given to relieve pain, but when chloride of zinc has been taken, carbonate of soda, tea, milk, white of egg, and decoction of bark are the indications.

Quantity required to destroy Life.—One ounce of sulphate of zinc, or 100 grains of the chloride of zinc, may be considered a poisonous dose. Use may, however, induce great tolerance. It is stated that 120 grains of the acetate has been taken daily in a case of epilepsy.

Post-Mortem Appearances.—When the sulphate of zinc is the poison, inflammation of the intestinal tract is constantly found. The lungs and brain are usually congested. The chloride produces the appearances of a corrosive poison.

The various internal organs have sometimes been found in a state of fatty degeneration.

Mode of Extraction from the Stomach.—It must be borne in mind that zinc may have been given as an emetic. If discovered, it should not prevent other poisons being looked for. The stomach-contents should be boiled with acetic acid, in order to dissolve any zinc oxides existing in combination with animal matters. The liquid should be filtered, and through the filtrate sulphide of ammonium should be passed. The precipitate should be collected and dried, then acted upon by strong nitric acid, and diluted with sufficient water. After neutralising with carbonate of ammonia, the appropriate tests may be applied.

Tests for the Zinc Salts:

(1) Sulphuretted hydrogen gives a *white* precipitate in neutral solutions; none in acid solutions. This is the only white precipitate given with a metal by sulphuretted hydrogen.

(2) Ferrocyanide of potassium gives a white precipitate.

(3) Sodium carbonate, charcoal, and the blow-pipe give yellow (zinc oxide), which becomes white on cooling; the latter, heated with cobalt nitrate in the outer flame of the blow-pipe, acquires a fine green colour.

IRON. FERRUM. Fe.

In a toxicological sense, the most important salts of iron are the ferrous sulphate (green vitriol or copperas), and the ferric chloride.

Symptoms of Poisoning.—None of the iron salts are active poisons, but they have been employed on several occasions with the intent to procure criminal

abortion. The symptoms are those which would be induced by an overdose of an irritant poison, accompanied by pain in the stomach, violent purging and vomiting of an inky fluid.

Treatment.—This should consist in the use of the stomach-pump, emetics if required, and diluents with alkaline carbonates.

Post-Mortem Appearances.—Those of a pure irritant. A quantity of black fluid will probably be found throughout the whole length of the stomach and bowels.

Mode of Extraction from the Stomach.—The organic matters should be digested thoroughly with water which has been acidulated by acetic acid. They should then be filtered, and the filtrate evaporated to dryness. The residue is then incinerated, and having acted upon the ash with diluted sulphuric acid, the solution should be treated with the appropriate tests.

Tests for the iron salts—

For the *Ferrous* salts:

These are of a *light green* colour, and in solution give—

(1) With alkalis, a white precipitate turning rapidly *greenish-brown*.

(2) With ferrocyanide of potassium (*yellow prussiate of potash*), a white precipitate passing through *light blue* to dark blue.

(3) With ferricyanide of potassium (*red prussiate of potash*), a *dark blue* precipitate.

(4) With sulphuretted hydrogen, no precipitate.

(5) With sulphide of ammonium, a black precipitate.

(6) With sulphocyanide of potassium, no precipitate.

(7) With tincture of galls, no precipitate.

For the *Ferric* salts:

These are of a *reddish-brown* colour, and in solution give—

(1) With alkalis, a *foxy-red* precipitate.

(2) With ferrocyanide of potassium, a *Prussian blue* precipitate.

(3) With ferricyanide of potassium, no special precipitate, but usually a green colour.

(4) With sulphuretted hydrogen, a precipitate of sulphur (*white*), and the ferric salts are converted into the ferrous.

(5) With sulpho cyanide of potassium, a *blood-red* precipitate.

(6) With tincture of galls, a bluish-black precipitate.

TIN. STANNUM. Sn.

The only compounds of interest medico-legally are the chlorides.

Symptoms and Treatment of Poisoning.—The salts of tin act as irritant poisons. The treatment should consist of solution of carbonate of ammonia, milk and white of egg being administered in large quantities. Emetics should be used to encourage vomiting.

Mode of Extraction from the Stomach.—The organic fluids and tissues should be boiled in water for some time, acidulated with hydrochloric acid, the solution being then filtered, and the filtrate tested.

Tests for the tin salts—

For the *Stannous* salts:

(1) Sulphuretted hydrogen gives a dark brown precipitate.

(2) Gold chloride gives a beautiful purple precipitate, the "*purple of Cassius*."

(3) Solutions of the fixed alkalis, give a white precipitate soluble in excess. On boiling the solution, some of the tin is re-precipitated as black stannous oxide.

For the *Stannic* salts:

(1) Sulphuretted hydrogen give a yellow precipitate.

(2) Gold chloride gives no precipitate.

(3.) Solutions of the fixed alkalis give a white precipitate of stannic acid, soluble in excess of alkali, but not re-precipitated on boiling.

(*To be continued.*)

Notices of Books.

THE ASCLEPIAD.*

THIS quarterly journal of "Original research and observation in the science art and literature of Medicine, preventive and curative," occupies a unique position in medical literature, seeing that its literary staff comprises only one writer, but he is a host in himself as a perusal of the current number of the *Asclepiad* will sufficiently demonstrate. In the article on "The Hygienic Treatment of Pulmonary Consumption," Dr. Richardson directs attention to some important principles of great curative value in pulmonary diseases, the application of which are too often overlooked in the search for successful medicinal treatment. The first rule that Dr. Richardson lays down is, that a supply of pure air for respiration is the first indication in the treatment of the consumptive patient; 2nd, that active exercise is an essential element; 3rd, that a uniform climate is most important; 4th, that the dress should be adapted to equalise the temperature of the body, and so loose that it interferes in no way with the animal functions; 5th, that the hours of rest should be regulated mainly by the absence of sun; 6th, that indoor or sedentary occupation be suspended, but a certain amount of outdoor occupation may be advantageous; 7th, that excessive mental exertion be avoided; 8th, cleanliness of the body to be carefully attended to; 9th, abstinence from all habits of gross sensual indulgence is essential both in the prevention and cure of consumption; 10th, diet to be ample, and should contain a larger proportion of the respiratory constituents of food than is required in health. These views were first put before the profession by Dr. Richardson, in 1856, when they found but little favour, being considered impractical, and as conveying the ideas of a dreamer. Education has so far advanced however, that the principles laid down by Dr. Richardson will now be accepted, both by the profession and the public, as a resultant of the application of science and common sense. The article on "Measures of Vital Capacity" is at once interesting and instructive, and well worthy of perusal, opening up as it does a wide and rich field of research. Students of medicine will derive both pleasure and profit in reading the sketch of the life of "Vesalius, and the Birth of Anatomy." We are glad to find from the article on "Alcohol in Disease," that Dr. Richardson does not ally himself with those who taboo alcohol as a remedial or curative agent. He does not, however, agree with the mere ordering of wines, spirits, or ale in the commercial form, but when alcohol

* The *Asclepiad*, No. 6, Vol. II., by Benjamin Ward Richardson, M.D., F.R.S.; London: Longmans, Green & Co., Paternoster-row.

is necessary, prescribes the "absolute" sp. gr. 0.795, and with results which stand out clear. In the "Opuscula Practica" is introduced to the notice of surgeons a new agent "oxalic ether," a local destroyer of tissues, which Dr. Richardson anticipates will play a more important part in the treatment of malignant growths than any other agent yet introduced as a local remedy. We hope some of our hospital surgeons will give the "Oxalic ether" an early and fair trial. Not the least interesting paper in the present number is that on "Resuscitation from some states of suspended life by the process of artificial circulation." This, as well as the other papers which form the "Asclepiad" for the current quarter we commend to the careful perusal of our readers.

NOTICE.

Students commencing Hospital practice this Session, will receive, post free, a specimen copy of the HOSPITAL GAZETTE on sending an addressed post card to the Publishers.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, MAY 2, 1885.

EDITORIAL AND PERSONAL.

FROM the Class Lists of the Edinburgh School of Medicine, lately published, it would appear that Pharmaceutical Students have been peculiarly fortunate over their Medical Class-fellows in securing honours. In Dr. Macadam's Class of Chemistry, Mr. James Thorn has gained the silver medal, and Mr. Thomas Guthrie the bronze one. These are the only medals awarded. In Practical Chemistry Mr. Guthrie also takes a first position, with 100 per cent. of marks—a position shared by another Pharmaceutical, Mr. J. W. Sutherland. In Mr. Falconer King's Class of Chemistry, the second prize falls to Mr. G. A. Bruce; and in Dr. W. Craig's Class of Materia Medica and Therapeutics, the first silver medal has been gained by Mr. J. Leslie Fraser, who received his pharmaceutical training in Inverness, but is now studying Medicine. As pharmaceutical students form only a small proportion of these classes, the distinctions are the more valuable.

"THE ELECTRIAD: A Tale of the Trojan War" is a clever, but racy, imitation of Homeric verse, with humorous illustrations, produced for the benefit of the "Pall Mall Electric Association." The plot of the skit is that Achilles—representing, on this occasion, John Bull—being sick in his tent, after unsatisfactory treatment by our prominent physicians, is ultimately cured by the appliances of the Company. One of the illustrations depicts the hero being interviewed by the leading lights of British Medicine; and contains remarkable portraits of Sir W. Jenner, Sir James Paget, Sir William Gull, Sir Oscar Clayton, Sir Henry Thompson, Dr.

Quain, and Dr. Morrell Mackenzie. "In vain," we are told,

"— physicians came with subtle skill,
And tried in turn prescription, potion, pill;
With saddened looks they view his furry tongue,
In solemn silence, stethoscoped each lung;
From moulting head to gout-distorted toe
They searched; then said, 'Poor fellow, 'tis no go!'"

THE Gold Medal, presented by Professor Dill of Queen's College, Belfast, for distinguished answering on the diseases of children and women, and on practical midwifery, has been gained by Mr. John Lockhart Livingstone.

IT having come to the knowledge of the committee of the Royal Cork Yacht Club that Dr. Charles Tanner, one of its members, took a prominent part among a disorderly mob on the occasion of the late visit of the Prince and Princess of Wales to Cork, they have come to the conclusion that his conduct on that occasion was such as to render him unfit to continue a member of a club holding a Royal warrant. They therefore consider it their duty to bring the matter before a general meeting of the club, as likely to endanger its welfare, and to recommend that the name of Dr. Tanner should be erased from the list of members.

IT having been decided to strengthen the medical department at Quetta, in view of the augmentation of troops there, Surgeon-Majors Montgomerie Blennerhasset and Fitzroy Maclean of the Army Medical Staff have been ordered thither, and several other officers of the same department have also been placed under orders for the same destination.

THE governors of Guy's Hospital have made a new departure in the mode of election of assistant physicians. Hitherto the vacant posts have been closed to all but Guy's men. There is now a vacancy for an assistant physician at Guy's Hospital, and it is the expressed desire of the governors that applications should be sent in from any gentlemen who may choose to become candidates. We hail this resolution as a step in the right direction.

AT a meeting of the Court of the Victoria University last week, Professor Rendall moved the following resolution, which was approved:—"That any registered medical practitioner who shall have qualified to practise medicine or surgery prior to January 1st, 1885, shall be permitted to enter for the intermediate and final examinations for the degree of Bachelor of Medicine without having previously passed the entrance examination in Arts, or the preliminary examination in Science, provided that all other requirements for admission to the intermediate and final examinations have been duly complied with." It is highly gratifying to find that our younger Universities are removing the obstacles which have hitherto prevented general practitioners from obtaining medical degrees.

THE anti-vaccinationists held their annual festival meeting recently, and signalled the occasion by

passing a resolution to the effect that vaccine lymph is impure, conveys a large number of diseases, and is not protective against small-pox. Now, although occupying an extreme position, and being of necessity thereby compelled to make extreme assertions, the anti-vaccinators ought to guard their utterances against the accusation of want of logic. The statement that vaccine lymph is impure, is an absurdity on the face of it, for the declaration involves the further statement that *all* vaccine lymph is impure, which would be equivalent to saying vaccine lymph is *not* vaccine lymph, since if it is impure it must be something that is not the thing it is called. We might just as well insist that water is not water, which it would not be if it was impure, because it would be partly something else, say whisky. As regards the conveyance of a large number of diseases also, our obstructive friends require enlightening respecting the part played by lymph. Hitherto they have signally failed to prove a *necessary* connection between the diseases of sickly children and vaccination, resting content with drawing terrific pictures of imaginary cases in which such connection is supposed. The medical readers of these fulminations, however, appreciate them at their proper value; but they do not on this account work less injuriously on the sensibilities of the ignorant and uneducated mob to whom anti-vaccinationists mainly look for support, and their agents for—sense.

With the exception of the *Echo*, and perhaps another second-rate newspaper, the lay press shows but little sympathy with the crazy fads indulged in by anti-vaccine enthusiasts; and, as a rule, these organs of public opinion show a decided leaning to common sense, and protection against smallpox. *Judy*, for instance, recently informed its readers, that its editor had been in receipt of a lengthy and courteous communication on the non-protectiveness of vaccination. Our witty contemporary, however, declined to take the responsibility by publishing statements which, while it did not believe, it was not in a position to refute; and enforced its own opinion on the matter in a way at once practical and soundly sensible. It would, said our contemporary, be with a feeling of profound discomfort, that it would consent to enter into flirting relations with any young lady who was the subject of confluent smallpox, if the assurance of protection was not conferred by early vaccination, and probably this sentiment will be very generally shared.

The annual meeting of the committee and subscribers of the Central London Throat and Ear Hospital was held on Friday last, Captain Hutton, chairman of the committee, presiding. The report showed that in the past year 4,075 new out-patients had been treated, as against 5,014 in the preceding year, with 202 in-patients. Towards the income of £1,573, £781 had been received by the voluntary contributions of the patients. The hospital was stated to be out of debt, but an earnest appeal was made by the committee for funds

to enable them to add another floor to the building, so as to give increased nursing accommodation, a day room for the patients, and also an isolation ward for the reception of cases of infectious disease.

The annual general meeting of the Association of members of the Royal College of Surgeons, will be held on Tuesday, May 5th, at 4 p.m., in the Westminster Town Hall, Dr. Danford Thomas in the chair. All members of the College are invited to attend.

DR. EDWARD DILLON MAPOTHER, Professor of Physiology in the School of the College, has resigned his office of Councillor of the Irish College of Surgeons, as he is required to do by the charter, in order to compete for an examinership. A formal requisition has been presented to the President and Vice-President to call a meeting of the Fellows to elect a Councillor in his place, and in order to avoid a second summons to the College, the election has been fixed for the earlier part of the same day (May 19th) in which the examiners' election is to take place. Mr. Edward Hamilton, who left the Council last year on his election as Professor of Surgery, will offer himself to the electors for the vacant Council seat.

We understand that Messrs. Allen and Hanburys, the well-known chemists, of Plough-court, City, have taken into partnership with them Messrs. J. R. Jewell and T. Irwin Wallas, and that they intend to open immediately a West-End establishment for dispensing, and for the supply of their specialities, which are so largely patronised by the profession. The West-End business will be under the management of the new partners.

MESSRS. WEISS, the old-established surgical instrument makers, of the Strand, are building large and handsome premises in Oxford-street, where they intend, as we understand, to open a West-End branch.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Board of Examiners on the 20th inst., viz.:—Messrs. L. T. F. Bryett and H. R. Henley, King's College; E. R. Snape, Charing-cross; E. O. Ashe and F. G. Twigg, London; G. Seymour and E. E. Lewis, Middlesex; B. A. Sawyer, Guy's; C. J. Weekes, University College; and C. W. Cooke, St. Thomas's. The following passed in anatomy only, viz., Messrs. G. J. Cressy and R. T. Wallace, Guy's. The following passed in physiology only—viz., Messrs. J. C. Bell and W. G. Thorpe, Guy's. The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the college at a meeting of the Court of Examiners on the 23rd inst., viz.:—Messrs. F. H. Barendt, L.R.C.P.L., Liverpool; Samuel Hughes, L.S.A., Liverpool; and C. B. Cooper, L.R.C.P.L., Liverpool, students of the Liverpool School of Medicine; T. W. Fowler, L.S.A., Matlock; and Sidney Barwise, L.S.A. Birmingham, Birmingham School

of Medicine; G. H. Carrington, L.S.A., Eccles, Manchester School of Medicine; H. J. Robson, L.R.C.P.Ed., Leeds, Leeds School of Medicine; Robert Crosby, L.S.A., Sunderland, Newcastle-on-Tyne School of Medicine; L. H. Armstrong, L.S.A., Cambridge-street, W., St. Mary's Hospital; T. A. Brown, M.B.Ed., Edinburgh; Murray MacLaren, M.B.Ed., Edinburgh; and R. S. Bubbersty, M.B.Ed., Stamford, University of Edinburgh; and F. C. H. Smith, L.S.A., Bedford University College. The candidates who passed in surgery at previous meetings of the Court, having subsequently obtained medical qualifications, were admitted members, viz.:—Messrs. William Arnold, L.S.A., Altrincham, Manchester School of Medicine; J. P. S. Hayes, L.K.Q.C.P.I., Tavistock-orecent, W., St. Mary's; and G. F. Collins, L.K.Q.C.P.I., Dublin, St. Bartholomew's. The following gentlemen were admitted members of the College on the 24th ult.:—Messrs. B. H. Scott, L.R.C.P. Ed., St. Peter's Road, E., Toronto School of Medicine; William Joberns, L.S.A., Walsall; H. S. Cook, L.S.A., Birmingham; G. H. Melson, L.S.A., Knowle, Warwickshire, and G. C. Hall, L.S.A., Birmingham, Birmingham School of Medicine; J. W. Cockerill, L.S.A., Portdown Road, W., St. Bartholomew's Hospital; J. T. Simpson, L.R.C.P. Ed., Approach Road, E., Leeds School of Medicine; O. P. Beater, M.B. Dublin, Dublin School of Medicine; W. H. Wigham, M.B., Durham, South Shields; and M. J. Wakefield, M.B. Durham, Gateshead, Newcastle School of Medicine; and T. H. Fisher, L.S.A., Southport, Manchester School of Medicine. Seven candidates who passed in surgery at previous meetings of the Court having subsequently obtained medical qualifications, were admitted members—viz.:—Miss A. F. Whitwell, L.S.A., Shrewsbury; Arthur Matthey, L.R.C.P. Ed., Southampton; and S. M. Hebblethwaite, L.S.A., Moor Allerton, near Leeds, St. Bartholomew's Hospital; G. G. Hodgson, L.S.A., Brighton, King's College Hospital; G. H. Hunter, L.S.A., Fishlake, near Doncaster, University College; H. B. Strong, L.K.Q.C.P.I., Bernard Street, W., St. Mary's Hospital; and F. D. Crowdy, L.S.A., Harcourt's Buildings, E.C., St. Thomas's Hospital.

UNIVERSITY OF ABERDEEN.—At the late medical graduation-term, the following candidates, after the usual examinations, received Degrees in Medicine and Surgery:—*Degree of M.D.*—C. W. H. Brown, M.B., C.M., Godalming, Surrey; A. Campbell, M.B., C.M., Dundee; R. J. Collie, M.B., C.M., Aberdeen; W. Cooper, M.B., C.M., Belhelvie; H. W. T. Crow, M.B., C.M., London; F. C. Gayton, M.B., C.M., Surrey County Asylum, Woking; A. Hosie, M.B., C.M., Inverness District Asylum; A. MacLean, M.B., C.M., Deputy Surgeon-General, Thurso, Caithness; W. H. Stewart, M.B., C.M., H.M.S. Clyde, Aberdeen; W. Stuart, M.B., C.M., Stratton, Cornwall. *Degrees of M.B. and C.M.*—A. W. Alcock, Bombay; J. Anderson, M.A., Marnoch; D. M. Brown, Banchoory-Ternan; C. A. Butchart, Aberdeen; A. G. Connan, Aberdeen; A. H. Cowan, Aberdeen; J. S. Davidson, Mauritius; E. G. W. Deane, Barbadoes; J. Duncan, M.A., Aberdeen; H. W. Godfrey, Hornchurch, Essex; J. W. McK. Gunn, M.A., Reay, Thurso; A. E. Henderson, Sheffield; J. C. D. Irvine, Udry; F. G. Jones, Denbigh; J. M. Lamb, M.A., Aberdeen; J. Marsden, Banff; A. Milne, Huntly; J. B. Milne, Huntly; W. V. Morgan, Narberth; T. G. Paterson, New Galloway; P. W. Rattray, M.A., Aberdeen; G. Scott, Aberdeen; D. Simpson, M.A., Alvah, Banff; W. B. Simpson, Bedale; A. G. Smith, Marlborough; P. A. Sullivan, Carlisle. Of the above-named candidates, J. M. Lamb, M.A., A. Milne, P. W. Rattray, M.A., and A. G. Smith received their Degrees in Medicine and Surgery with Highest Academical Honours; A. W. Alcock, J. S. Davidson, H. W. Godfrey, F. G. Jones, J. B. Milne, and T. G. Paterson received their Degrees in Medicine and Surgery with Honourable Distinction. The John Murray Medal and Scholarship was awarded to P. W. Rattray, M.A. At the same time, C. M. Aird, L. Durno, J. Murray, C. Robertson, and J. H. Stenhouse were certified as having passed all the examinations, but did not graduate. The following candidates have passed the first division of the first professional examination:—W. H. Barnby, F. W. Counter, A. D. Ellis, H. J. D. Mackay, J. M. Mackay, W. G. M. Macleod, D. MacRitchie, G. C. Milligan, R. H. Reid, F. L. Taylor. The following candidates have completed the first professional examination:—W. Alexander, C. Angus, J. U. Black, J. Bryoe, J. S. Butler, J. Crevie, J. J. Y. Dalgarno, D. M. Davidson, C. E. Duff, A. C. Ferguson, A. D. Forbes,

A. N. Grieve, D'A. Harvey, G. Henry, A. C. Hutchinson, J. E. Jones, G. W. E. Kerr, E. T. Martin, W. S. McGowan, J. F. Mirza, J. Packer, J. Pearson, R. Rannie, C. Reid, G. Rose, J. Shand, E. M. de Souza, T. H. Thomson, G. Watt, J. Webster, A. Zimpel. The following candidates have passed the second professional examination:—J. R. Anderson, T. C. Bennett, J. F. Binnie, A. T. Brown, A. F. C. Clarke, F. L. Collie, E. G. Coward, W. C. Crowe, A. W. Dalgarno, T. F. Dewar, J. C. G. Duffus, G. Findlay, H. F. Forbes, J. Galloway, W. H. Gray, W. Greig, H. J. Hargrave, A. G. B. Ingram, J. E. Jefferis, P. J. Lumsden, D. G. G. Macdonald, G. B. D. Macdonald, A. Mackay, F. MacRae, W. Milligan, A. Milne, J. S. Milne, J. C. Myles, P. J. Nicoll, G. M. Reid, J. Russell, W. Scatterty, A. Simpson, J. W. Smith, J. Souther, E. M. de Souza, R. B. T. Stephenson, A. J. Stuart, J. D. Thomson, J. T. Thorne, J. M. Trail, C. T. D. Urquhart, W. D. Urquhart, C. F. White, A. Whyte, G. Williamson, R. G. Wills. The next professional examination for Degrees in Medicine commences on Saturday, July 18th.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the quarterly First Professional Examination for the Licence in Medicine of the College, held on Monday, April 6th, and following days, the undermentioned candidates were successful.—E. A. Huntley, J. W. Power, H. Solomon. At the usual monthly examinations for the Licences of the College, held on Monday, April 6th, and following days, the undermentioned candidates were successful. *For the Licence to Practise Medicine and Midwifery*—R. Blackwell, Lynn; W. Dillon, Fallsagean, co. Limerick; R. H. J. Fetherston, Melbourne, N.S.W.; D. C. M. Lunt, Manchester; J. McFadden, Letterkenny, co. Donegal; J. D. McFeely, Londonderry; P. A. Piel, Dublin; J. Robinson, Dublin; H. J. Thornbury, Lucan, co. Dublin; E. Woods, London. *For the Licence to Practise Medicine only*—T. J. Dillon, Edenderry; A. A. Doyle, Naas; J. Heffernan, Cahir; S. Horneck, Wexford; J. Lowney, Castletown Roche; E. J. R. MacMahon, Ballynacally, co. Clare; S. Palmer, London; H. Shackleton, Bradford; H. B. Strong, London; R. H. Treloar, M.D., South Australia. At a quarterly examination held on Thursday and Friday, April 9th and 10th, the certificate in Sanitary Science was granted to J. Ellis, M.D. Brussels, L.K.Q.C.P.

APOTHECARIES' HALL.—The following gentleman passed his examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, April 9th, 1885.—John William Cockerill, St. Bartholomew's Hospital. The following gentlemen passed on April 16th.—Albert Careless, King's College; Francois Demainbray Crowdy, St. Thomas's Hospital; Alexander Rattray, Edinburgh University; Frederick Ashton Warner, St. George's Hospital. The following gentlemen passed on April 23rd, viz.—George Taylor Gifford, King's College; Thomas Ernest Hillier, St. Bartholomew's; Edward Duguid Ritchie, St. Thomas's.

VACANCIES.—Combe Lying-in Hospital, Dublin. Assistant Physician. Applications to Dr. S. R. Mason, 92, Harcourt-street, Dublin.—Dental Hospital of London, Leicester-square. Dental Surgeon. Applications by May 11th. Hackney Workhouse. Assistant Medical Superintendent. Salary, £120 per annum, with residence and rations.—Hartlepool's Friendly Societies' Medical Association. Assistant Medical Officer. Salary, 130 per annum. Applications to T. Twedell, Commercial-terrace, West Hartlepool.—Hull Royal Infirmary. Assistant House Surgeon. Applications by May 5th.—Manchester Royal Infirmary. Medical Registrar. Salary, £50 per annum. Applications by May 2nd.—North-West London Hospital, Kentish Town-road, N.W. House Surgeon. Salary, £60 per annum. Applications by May 5th.—Omagh Workhouse. Medical Officer to Workhouse. Salary, £100 per annum. Applications to Clerk of the Union. Election on May 2nd.—Parochial Board of Pennygown and Torosay. Medical Officer. Salary, £100 per annum. Applications to Alex. Macdougall, Inspector of Poor, Achnacraig-by-Oban.—Royal Berks Hospital, Reading. Senior Physician. Applications by May 23rd.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The following candidates passed the joint examinations for the triple qualification granted by the above named bodies at the April examinations held in Glasgow:—First examination: H. S. Belcombe, W. B. Bennett, Dugald Buchanan,

Henry Buxton, Frank Cooper, G. Evans, W. E. Fellowes, Geo. Roy Fortune, W. J. France, W. F. Garrett, J. Hoyle, Thos. C. Jones, J. R. L. Jones, John Kennedy, Wm. J. Leitch, Alfred J. McLean, N. P. Murray, Wm. J. Ryan, John Steele, Jonathan Steele, J. Thomson, Wilson, J. G. Winter. Second examination: David Lees, James Mason, Alex. C. Milne, J. Thompson Winter. Final examination: Geo. A. S. Gordon, M.A., of the Edinburgh School; Andrew Hill and J. B. Laing, of the Glasgow School; Fred G. Spittel, Ceylon Medical College.

University, College, and Hospital Intelligence.

ST. ANDREW'S UNIVERSITY.

MEDICAL GRADUATION.—The Senatus Academicus of this University met in the large upper hall of the library on the 24th ult., for the purpose of conferring the competitive degrees (the honorary degrees were conferred when Lord Reay was installed as Rector). Principal Tulloch, Vice-Chancellor, presided. Professor Bell Pettigrew, M.D., Dean of the Faculty of Medicine, presented the following, and asked the Senatus to confer on them the degree of M.D.:—John Anderson, M.R.C.S.Eng., L.S.A.Lond., Army Medical Staff, India; Charles Davidson, M.R.C.S.Eng., F.R.S.Ed., L.K.Q.C.P.I., London; Edwin Fenn, M.R.C.S.Eng., L.S.A.Lond., Dover; Sydenham John Knott, M.R.C.S.Eng., L.S.A.Lond., London; Charles William Marriott, M.R.C.S.Eng., L.S.A.Lond., Leamington; George Morgan, M.R.C.S.Eng., L.R.C.P.Ed., L.S.A.Lond., Pontypool; Henry Skelton, M.R.C.S.Eng., M.R.C.S.Eng., Bristol; William John Stott, M.R.C.S.Eng., L.R.C.P.Ed., Haslingden, near Manchester; and Richard Henry Brenton Wickham, Newcastle-on-Tyne. George Lowe, M.B., C.M., St. Andrews, Wymondham, also proceeded to the degree of M.D.

EDINBURGH.

GRADUATION CEREMONY.—The graduation ceremonial connected with the close of the winter session of the University of Edinburgh, took place on the 22nd ult., in the United Presbyterian Synod Hall, in presence of a large attendance of the general public. The Chancellor, Lord President Inglis, presided, and the address to graduates was delivered by Professor Chrystal. At the same time, the degree of Bachelor of Science in the Department of Public Health, was conferred on Robert Bryden Hill, M.D., and John McLehlan, M.B., C.M.

ROYAL HOSPITAL FOR SICK CHILDREN.—The directors of the Royal Edinburgh Hospital for Sick Children, at their meeting on the 21st ult., elected Dr. R. Dundas Helm, M.B., C.M., to be resident physician, and Mr. W. J. Smith assistant to the extra physicians.

DURHAM UNIVERSITY.

GRADUATION IN MEDICINE.—Examinations for Degrees in Medicine and Surgery and for Certificate of Proficiency in Sanitary Science, at the College of Medicine, Newcastle-upon-Tyne. Epiphany Term, 1885.—The following satisfied the examiners:—For Certificate of Proficiency in Sanitary Science, James Reid Roberts, M.B.C.S., L.R.C.P.; Charles Pope Walker, M.B.C.S. First Examination for the Degree of Bachelor in Medicine. First-class honours in order of merit.—Charles John Evers, M.R.C.S., L.S.A., Queen's College, Birmingham; Frederic William Edridge-Green, St. Bartholomew's Hospital. Second-class honours in order of merit.—Matthew Mitchell Bird, St. Mary's Hospital; James Thomas James, Middlesex Hospital; John Houghton White, St. Bartholomew's Hospital. Pass List in Alphabetical Order:—Arthur Barry Blacker, M.R.C.S., L.S.A., St. Thomas's Hospital; Edwin J. Booth, College of Medicine, Newcastle; John Smith Bottiman, College of Medicine, Newcastle; Reginald Treacher Bowden, M.B.C.S., L.S.A., St. Bartholomew's Hospital; Edward Trewbody Carlyon, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; John Borrill Close, St. Bartholomew's Hospital; Charles Gayford, M.R.C.S., St. Bartholomew's Hospital; Thomas Wykes Gibbard, King's College;

Thomas Henry Godfrey, St. Thomas's Hospital; Arthur Herbert Hart, M.R.C.S., L.R.C.P., Queen's College, Birmingham; Thomas Edward Honey, St. Mary's Hospital; Frank Jeffree, M.R.C.S., King's College; Allan James Macnab, King's College; Francis Joseph Johnson Orton, Queen's College, Birmingham; Sidney Joseph Palmer, St. Bartholomew's Hospital; Walter George Pridmore, Middlesex Hospital; Thomas Pye, St. Bartholomew's Hospital; Leonard Raby, London Hospital; Alexander Yates Reilly, M.R.C.S., L.S.A., Middlesex Hospital; Walter Grant Reilly, Middlesex Hospital; Herbert George Shore, M.R.C.S., St. Bartholomew's Hospital; Frederick Wenman Turtle, Guy's Hospital; Benjamin Walker, London Hospital; Austin George Ward, M.R.C.S., St. Bartholomew's Hospital; John Watson, Westminster Hospital; Humphrey John Wheeler, St. George's Hospital; Leonard Wilde, College of Medicine, Newcastle. The following passed in Chemistry:—Andrew Seymour Brewis, College of Medicine, Newcastle; Thomas Morton, College of Medicine, Newcastle; Frank Winson Ramsay, College of Medicine, Newcastle. The following passed in botany:—William Drewitt Arnison, College of Medicine, Newcastle; Thomas Clifford, College of Medicine, Newcastle; Arthur John Hubbard, M.R.C.S., L.R.C.P., L.S.A., St. Thomas's Hospital. The following satisfied the examiners in anatomy, physiology, and chemistry:—John Frederick Blurton, Queen's College, Birmingham. The following passed in anatomy, physiology, and botany:—George Thomas Giddings, London Hospital. Analysis of examination:—Two candidates for certificate of proficiency in sanitary science; both satisfied the examiners. Of sixty candidates for the first M.B., thirty-two satisfied the examiners. One candidate satisfied the examiners in anatomy, physiology, and botany. One candidate satisfied the examiners in anatomy, physiology, and chemistry. Examiners:—G. H. Philpott, M.A., M.D., D.C.L., F.R.C.P.; Henry E. Armstrong, M.R.C.S.; James Murphy, B.A., M.D.; G. E. Williamson, F.R.C.S.; W. P. Mears, M.D.; P. Phillips Bedson, D.Sc. (Lond.); John Curnow, M.D. (Lond.), F.R.C.P.; John Harley, M.D. (Lond.), F.R.C.P. Thomas Oliver, M.D., Superintendent of the Examination.

Examination Questions.

UNIVERSITY OF ABERDEEN.

EXAMINATIONS FOR THE M.B., AND C.M., APRIL TERM, 1885.

(Continued.)

Institutes of Medicine.—1. The urine. (1) Describe its physical characters when it has been kept for several days. (2) State its composition. (3) Mention (a) the sources of its chief constituents; and (b) the tests by which the chief normal constituents may be recognised. (4) Indicate the effects of changes in the blood-pressure upon its secretion. 2. Describe the microscopic appearances presented by:—(1) A drop of chyle. (2) A section across the spinal cord in the lumbar region. (3) A section of the thyroid gland. (4) A vertical section of the cardiac end of the stomach. (5) A vertical section of the unincubated blastoderm. 3. Describe the minute structure of the human sub maxillary gland, mentioning the changes which the glands cells undergo during activity. Describe stage by stage the action of saliva on food. Mention a test for each of the chemical substances formed during the process. Name the secretory and excitatory nerves concerned in the secretion of saliva. 4. Give a short account of: (a) A method of preparing myosin. (b) The so-called sensory centres of the cerebrum. (c) The mode of formation and destiny of the allantois. (d) Scheiner's experiment.

Pathological Anatomy.—1. Describe the appearance and structure of a giant cell sarcoma. Where are they met with? 2. What are the pathological changes met with in a case of anthrax or malignant pustule as occurring from a puncture wound? What is the organism which gives rise to the disease? Describe its character as found in the blood, and when cultivated in aqueous humour. 3. Describe the morbid changes met with in the kidney in advanced cirrhosis of that organ. 4. In what disease does tubercular ulceration of the mucous membrane of the intestine occur. Describe the characters of the intestinal lesion from its commencement onwards.

Midwifery.—1. Give the physical signs by which you would determine (a) That the uterus is normal in position; and the pelvic organs healthy. (b) Pregnancy in the fifth month. (c) The foetal head is in the first obstetric position, but the labour is delayed in second stage from extension of the head. (d) Inversion of the uterus. (e) Carcinoma of the cervix uteri. (f) Successful and spurious vaccination. (g) Hereditary syphilis in the infant. 2.—Give the prophylactic treatment in the following cases:—(a) A primipara with Albumenuria and vertex headache. (b) Pregnancy complicated with mitral disease. (c) In labour with a history of post-partum hæmorrhage in previous confinements. (d) Patient is again pregnant, after three miscarriages in the second and third months. 3.—What are the risks, symptoms and complications which may arise from retroversion of the pregnant uterus. Give the treatment.

Medical Jurisprudence.—1. Poisoning by strychnine: What are: (a) The common sources of the poison. (b) The symptoms, and with what diseases might they be confounded; and how would you distinguish the different conditions? (c) The minimum fatal dose. (d) The usual period of fatal termination. (e) The *post mortem* appearances. (f) The method of its detection. 2. If the dead body of an infant is discovered, what are the chief points which would guide you in giving an opinion as to whether the child had been born alive or not? 3. Describe briefly, and illustrate by examples, the chemical changes which poisons may undergo in their passage through the organism. 4. In a question of personal identity of the living, describe generally the chief points to be attended to. Illustrate your answer with a brief analysis of the Tichborne case. 5. Saponification of the body:—(a) What is the nature of it, and how is it produced? (b) By what is it favoured? (c) What length of time does it require? *For Honours.*—6. Give the various data required in the construction of dietaries. (Candidates for honours will substitute the last question for the fifth.)

Practice of Medicine and General Pathology.—1. Explain how pneumo-thorax may arise. Describe the symptoms, physical signs and diagnosis of this affection. 2. Describe the symptoms and diagnosis of chronic ulcer of the stomach. Give the treatment, dietetic and medicinal. 3. Describe the symptoms of uræmia, the conditions under which it is apt to occur, and the method in which it should be treated. 4. Give a full description of the principal methods employed for the reduction of a febrile temperature; and state what circumstances would, in your opinion, respectively indicate and contra-indicate their adoption. 5. Describe the anatomical characters of hepatised and carnified lung respectively. Explain the pathology and mode of production of each of these lesions. 6. Give an account of the pathological causes and consequences of mitral regurgitation. 7. Describe the changes which characterise atheromatous degeneration of arteries. To what morbid conditions may such degenerations give rise? 8. What is leucocytæmia? With what altered conditions of organs may it be associated? How is it distinguished from allied affections? (Those candidates who are taking Pathological Anatomy instead of General Pathology will omit questions 5, 6, 7, 8.)

Surgery.—1. State what you know about fractures in or near the elbow joint. 2. Describe the operation of linear extraction in soft cataract. 3. Describe the pathology, appearances, and treatment of harelip. 4. Give the varieties, symptoms, pathology, and treatment of piles. 5. Describe Syme's amputation at the ankle joint, naming in your description the structures divided in the operation.

UNIVERSITY COLLEGE, LONDON.

Session 1884—85.

Anatomy.—(Professor G. D. Thane).—Junior Class. Tuesday, March 24.—10 a.m. to 1 p.m.—1. Name the bones marked 1, 2, 3, 4, 5, 6; and, if one of a pair, state to which side it belongs. 2. Give the articulations of the sphenoid bone, specifying the precise area of contact in each case. 3. Describe the mode of ossification of the femur, including the dates at which the centres make their appearance and the several parts become united together. 4. Describe the structure of a metacarpo-phalangeal articulation, and state how it differs from an interphalangeal joint. Enumerate the muscles producing the several movements of the metacarpo-phalangeal and of the interphalangeal-articulations. 5. Describe the attachment of

muscles to the fibula. 6. Give the origin, insertion, vascular and nervous supply, and actions of the following muscles:—Pectoralis minor; brachialis anticus; anconeus; opponens minimi digiti; gracilis; flexor accessorius. (2 to 5 p.m.) 1. Give the origin, course, distribution, and anastomoses of the intercostal arteries of the fourth space. 2. Describe the arrangement of the superficial veins at the bend of the elbow. (In the answer to the following question, full directions are to be given for the performance of the steps of the dissection, and the objects successively brought into view are to be indicated, and their precise situation and distinctive characters pointed out.) 3. Describe the dissection necessary to display in its whole extent the anterior tibial nerve.

Physiology.—(Professor Schäfer).—Junior Division. Wednesday, March 25th.—Morning, 10 to 1.—1. What is a "proteid?" What are the principal tests for proteids? Enumerate the chief proteids which are met with in the human body, and mention how they may be distinguished from one another. Trace the changes which are undergone by the proteids of the food in their passage through the body. 2. Where does absorption of the food chiefly occur, and what is probably the mechanism of absorption? Describe the structure of the villi. 3. What is meant by the term "cardiac cycle?" Describe fully in their right order all the events which occur in connection with the heart and arteries during a cycle. 4. What do you understand by the terms "Balance of Nutrition" and "Heat Balance" as applied to the animal body? Mention a diet which would suffice to maintain the balance of nutrition in a man of average size. 5. Explain the mechanism of inspiration. What reason is there for believing that the internal intercostals, except the intercartilaginous parts, are muscles of expiration? 6. Enumerate the principal parts of the brain and the general functions which are fulfilled by each part respectively. 7. Describe the structure of nerve-fibres. Classify nerve-fibres according to the nature of the impressions they convey. What is a "nervous impulse?" At what rate does it travel along the nerve-fibres? How may the rate be determined for motor nerves?

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

STUDENTS' TEXT BOOKS.—In the advertisement columns of the present issue will be found particulars of the Students' Text Books, suitable for the Summer session, published by Messrs. J. and A. Churchill, of New Burlington Street, and Mr. H. K. Lewis, of Gower Street, and Messrs. Baillière, Tindall & Cox.

In consequence of pressure on our space, the examination questions of the Royal College of Surgeons, and the Royal College of Physicians of Edinburgh, stand over until next week.

MR. AUGUSTUS J. HARVEY writes:—"Would you allow me to suggest briefly that many affections or diseases of the eye would be wholly prevented if parents would take their children periodically to the oculist as well as to the dentist?"

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. Hawkins Ambler, Huddersfield; Dr. C. E. Armand Semple, London; Dr. J. Brindley James, London; Mr. M. J. Walsh, Chester-le-Street; Mr. Chambers, London; Mr. J. L. Parker, junr., Stockport; Mr. W. Fingland, Liverpool; Dr. G. M. Dartnell, Liverpool; The Registrar, Durham University; The Director-General Army Medical Department; Mr. Augustus J. Harvey, London; Mr. George Parsons, Frome; The Manager Pure Water Company, London; Mr. Williamson, York; Mr. R. T. Hawkins, Bristol, &c., &c.

BOOKS, PAPERS, &c., RECEIVED.—A Text-Book of Pharmacology, Therapeutics, and Materia Medica, by T. Lander Brunton, M.D., D.Sc., F.R.S., Assistant Physician and Lecturer on Materia Medica, at St. Bartholomew's Hospital, &c., &c. London: Macmillan and Co.—Lancet—Medical Times and Gazette—Medical Press and Circular—British Medical Journal—Chicago Medical Journal and Examiner—New York Medical Record—Le Progrès Médical, &c., &c.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

FOSTER'S Clinical Medicine, 3s. 6d., published at 10s. 6d. A24
 NOXON on the Physiology and Pathology of the Blood, 2s. 6d.;
 HEURY SMITH'S Surgery of the Rectum, Fifth Edition, 2s. 6d.
 BUMSTEAD and TAYLOR'S Venereal Diseases, 4s. 6d. B59
 BRODHURST on Curvature and Disease of the Spine, Third Edition; Heather Biggs' Manual of Orthopraxy, and Warrington Howard's Treatise on Orthopedic Surgery; all good as new; the lot, 5s. B60
 HANCOCK'S Anatomy and Surgery of the Human Foot, 3s.;
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Notes by the May.

THERE is something superbly delicious in the idea of preventive medicine—the very suggestion of which charms alike the savage breast of the aborigine and the restlessly nervous mind of the Court beauty. "Prevention is better than cure," is by everyone admitted to be an unassailable proposition, and in no walk of life is it more forcibly demonstrated than in the field of medicine. Ambitious physicians, in all civilized countries, are now racking their brains, and conducting all kinds of dangerous experiments on themselves and their friends, in the hope of making some great and marvellous discovery, which shall rob the most malignant disease of its terrors, and thus immortalise their names, and earn the gratitude of mankind. Following the Jennerian idea, recent experimentalists have delighted us with the assurance that they are able to protect the human system by inoculation with the special virus against such horrible diseases as yellow fever, charbon, syphilis, consumption, and hydrophobia. The latest discovery in this direction is by a young Spanish physician, Dr. Ferran by name, who asserts that by inoculation he can induce a modified attack of cholera morbus, which will protect against the more malignant form. Numerous medical students are said to have been experimented upon, in Spain, with the most delightful results. It will be a long time before anyone will persuade me to knowingly admit any cholera bacilli into my system. I have a very wholesome horror of purging, vomiting, and cramps, ever since I had a violent attack, some seven years ago, of what was called English cholera, and which nearly polished me off in less than five hours.

UNHAPPILY for all these discoveries, zymotic diseases are none the less prevalent, and are quite as fatal as ever. Even vaccination does not appear to have done a great deal for us. Small-pox is ever present in our midst, and carries off such an enormous number of victims annually, that one cannot wonder that the public faith in the efficacy of vaccination, as a preventive is at times rudely shaken.

IT has been decided that the resident medical officers of workhouses cannot claim fees for giving evidence touching the deaths of persons who died in the institutions under their charge. The result of this decision will, doubtless, be a large diminution in the number of inquests. It not unfrequently happens that the only reason for holding a coroner's inquiry on the body of a deceased pauper is to secure a fee for the workhouse doctor.

SPEAKING of coroners, reminds me that Dr. Danford Thomas, coroner for Central Middlesex, is a candidate for Parliamentary honours, and has been accepted as the Conservative candidate for West Islington at the general election. We want a few more medical men in Parliament, and if Dr. Thomas is successful, he will make an exceedingly useful member. There is some talk of Mr. Ernest Hart standing for an East-End constituency, but his

chances of success in that quarter are very doubtful. If the British Medical Association had succeeded in establishing its claim for Parliamentary representation, I would have backed Mr. Hart against all comers, bar Dr. Balthazar Foster, who would have been a very formidable opponent. Dr. Foster is, I understand, exceedingly anxious to distinguish himself in the House, and will contest Chester at the next election. I trust, however, that the Chester electors will not be so unkind to the medical profession as to send him to the House. He is much too valuable to the British Medical Association to be allowed to dabble in politics.

THE following neat little puff of Dr. Oscar Clayton, appeared in a recent number of a Society journal:—"I am glad to be able to state that the Duchess of Cambridge, thanks to her strong constitution, and to Sir Oscar Clayton, is on the road to recovery. There is no doubt that the Queen was greatly concerned on the score of the Duchess's health, and it was whispered that the approaching royal visit to the Continent would be postponed in the event of the illness being prolonged. But both Her Majesty and the Duchess put great faith in Sir Oscar, who, to do him justice, is one of the first medical men of the day, in spite of his exquisitely varnished boots and his aspiration to the juvenility that is not his. Sir Oscar's story is a strange one. When the Duke of Edinburgh visited Australia he was, as everyone will remember, seriously wounded by a revolver bullet fired by some dastardly assassin. He was carried to the house of a solicitor, where he was nursed and cared for with such attention that when he was able to leave he informed his host that he should be only too pleased to do anything in his power for him, and the solicitor produced his brother Oscar, a doctor, who accompanied the Prince to England, and has since attained his present rank in the profession. Sir Oscar is a remarkably able man, but the smiles of Royalty are worth a dozen diplomas."

AT a meeting of the Cork County Club, held a few days ago, Dr. Charles Tanner was expelled from the Club by a majority of 89 to 2, for alleged participation in a hostile demonstration on the occasion of the visit of the Prince of Wales to Cork. Dr. Tanner endeavoured to exculpate himself by saying that he was accidentally present at the demonstration, but this explanation was not accepted. He talks of taking legal proceedings against the Club, but if well advised he will keep quiet for a time, and then, when he shows that he has no sympathy with the disloyal party in Cork, he will, no doubt, be re-admitted to the privileges of the Club.

DR. LEUBUSCHERE reports the discovery of a needle in the heart of a woman, aged seventy-four years. She died of cancer of the breast, and at the post-mortem a foreign body was discovered in the right ventricular septum, near the orifice of the pulmonary artery. Its presence was revealed by a slight prominence, covered by thickened endocardium. Incision brought to view a long round iron body, uneven and brittle, owing to oxidation. It was completely en-

capsuled in a fibrous sheath. No trace could be found of its point of entrance. A consideration of the circumstances justified the conclusion that the foreign body, for a long time had occupied its position in the heart-wall, and had become harmless by encapsulation.

THE authorities at the Stanley Hospital, Liverpool, have held an inquiry into the case referred to in last week's "Notes by the Way," at which the mother of the child repeated the statement that the night nurse told her, that "the Workhouse was the fittest place for the likes of her." The nurse denied saying anything of the kind, and the resident surgeon said the child was refused admission simply because there was not a bed vacant in the hospital. The Committee, after consultation, expressed an opinion that no blame in this case attached to the hospital staff. They expressed regret that the hospital accommodation was insufficient to meet the claims upon it, and it was stated that at this moment the charity was in urgent want of sixty-four beds, with a debt of £3,000 upon the institution, whilst 800 patients obtained treatment last week. Mr. John Farrington said he would give the hospital a donation of £100, and the chairman said he would undertake to get another £100. Mr. John Houlding said he would also give another £100. Although the Committee exonerate the staff from blame, it is greatly to be regretted that the child was refused admission. Even if all the ordinary beds are full, any hospital worthy of the name ought to be able to improvise a bed to accommodate a child suffering from severe burns or any similar injury. In cases of burns prompt treatment is essential, and I can only hope that if a similar case should occur the resident medical officer will make the nurses put themselves to some trifling inconvenience to serve the cause of humanity.

PERIPATETICUS.

ARMY MEDICAL DEPARTMENT.

THROUGH the courtesy of the Director-General of the Army Medical Department, we are able to publish the following Schedule of Qualifications necessary for candidates desirous of obtaining commissions in the Army Medical Staff, with the conditions of service:—

1. Every candidate for a commission in the Army Medical Staff must be 21 years of age and not over 28 years at the date of commencement of the Competitive Examination. He must produce an extract from the register of his birth, or, in default, a declaration made before a magistrate by one of his parents or guardians, giving his exact age. He must produce a recommendation from some person of standing in society—not a member of his own family—to the effect that he is of regular and steady habits, and likely in every respect to prove creditable to the department if a commission be granted; and a certificate of moral character from the parochial clergyman, if possible.

2. The candidate must sign a declaration upon honour that both his parents are of unmixed European blood, and that he labours under no mental or constitutional disease, or hereditary tendency thereto, nor any imperfection or disability that can interfere with the efficient discharge of the duties of a medical officer in any climate; also that he does not hold, and has never held, any commission or appointment in the public services.

His physical fitness will be determined by a Board of Medical Officers, who are required to certify that his vision is sufficiently good to enable him to perform any surgical operation without the aid of glasses. A moderate degree of myopia will not be considered a disqualification, provided it does not necessitate the use of glasses during the performance of operations, and that no organic disease of the eyes exists. The Board must also certify that he is free from organic or other disease, and from constitutional weakness, or other disability of any kind likely to unfit him for military service in any climate.

3. Certificates of age, registration of diplomas, &c., and of character, must accompany the declaration when signed and returned.

4. Compulsory subjects for examination:—Candidates will be examined by the Examining Board in the following compulsory subjects, and the highest number of marks attainable will be distributed as follows:—

	Marks.
a. Anatomy and physiology	1,000
b. Surgery	1,000
c. Medicine, including therapeutics, the diseases of women and children	1,000
d. Chemistry and pharmacy, and a practical knowledge of drugs	1,000

N.B.—The examination in medicine and surgery will be in part practical, and will include operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients at the bedside. The examination in chemistry will be limited to the elements of the science, and to its application to medicine, pharmacy, and practical hygiene.

No candidate shall be considered eligible for the Army Medical Staff, who shall not have obtained at least one-third of the marks obtainable in each of the above compulsory subjects.

5. Voluntary subjects for examination:

Candidates may be examined in the following voluntary subjects, for which the maximum number of marks obtainable will be:—

	Marks.
French and German (150 each)	300
Natural Sciences	300

A number less than one-third of the marks obtainable in each of these voluntary subjects will not be allowed to count in favour of the candidate who has qualified in the compulsory subjects.

The knowledge of modern languages being considered of great importance, all intending competitors are urged to qualify in French and German. The natural sciences will include comparative anatomy, zoology, natural philosophy, physical geography, and botany, with special reference to *Materia Medica*.

6. The appointments announced for competition will be filled up from the list of qualified candidates arranged in the order of merit, as finally determined by the total number of marks each has obtained in both the compulsory and voluntary subjects.

7. After passing this examination, every successful candidate will be required to attend one course of practical instruction at the Army Medical School as a Surgeon on Probation on—(1) Hygiene; (2) Clinical and Military Medicine; (3) Clinical and Military Surgery; (4) Pathology of diseases and injuries incident to military service.

8. All surgeons on probation will be required to conform to such rules of discipline as the Senate may from time to time enact, and provide themselves with uniform, viz., the regulation undress and mess uniform of a surgeon, but without sword.

9. They will be required to attend the Medical Staff Mess at Netley, and to conform to the rules and regulations thereof.

A surgeon, on probation, receives eight shillings per day; surgeon, £200 per annum; after five years service, £250 per annum; and, after ten years' service, fifteen shillings per day. A surgeon-major's pay ranges from twenty shillings to twenty-seven shillings and sixpence a day, and the higher ranks up to two pounds and fifteen shillings per day, which is the pay of a surgeon-general.

The relative rank of Officers of the Army Medical Staff is as follows:—

As Major-General	{ Director-General.
„ Colonel	{ Surgeon-General.
„ Lieutenant-Colonel ..	{ Deputy Surgeon-General.
„ Do.	{ Brigade Surgeon. Rank-
„ Major	{ ing among themselves
„ Captain	{ according to the dates of
„ Lieutenant	{ their commissions as such.
	{ Surgeon-Major, after 20
	{ years' service, but junior
	{ to Brigade-Surgeons.
	{ Surgeon-Major, of less
	{ than 20 years' service.
	{ Surgeon.
	{ Surgeon on probation.

Every candidate for appointment to the medical ranks of the Army Medical Staff must possess two diplomas or licences, recognised by the General Medical Council—one to practise medicine, and the other surgery, and must be registered under the Medical Act in force in the United Kingdom at the time of his appointment.

A public and open competition will be held twice in the year for the admission of qualified candidates as probationers. The number of appointments so competed for will be not less than half of the number of vacancies which shall have arisen in the last completed half-year ending on the 30th June or 31st December.

Not less than half the number of vacancies will be filled up by competition, and it will be competent for the Secretary of State for War to fill up the remaining number from such qualified candidates as may be proposed by the governing bodies of Public Schools of Medicine in the United Kingdom or in the Colonies, as he may think proper. Every candidate so proposed must be certified by the governing body proposing him to be duly qualified according to a standard laid down by the Secretary of State, and shall be approved by the Director-General.

The Secretary of State for War will, from time to time, fix the order of precedence, and the proportion in which the several schools of medicine shall be offered the nomination of candidates.

A surgeon on probation, on being so nominated, will be sent to some large station for instruction in Ambulance and Medical Staff Corps duties, until the commencement of the next course of study at the Army Medical School. After going through such course at the Army Medical School, as the Secretary of State shall decide, the surgeon on probation, after passing a qualifying examination in the military medical subjects taught there, and satisfying the Director-General that he is a person of proper skill, knowledge, and character for permanent appointment in the Army Medical Staff, will be commissioned as surgeon.

The surgeons on probation who pass out of the Army Medical School at one qualifying examination will take precedence among each other as surgeons, as follows:—

(a) Those appointed on nomination according to their date of joining on probation.

(b) Those appointed by competition according to the last day of the competitive examination, and in order of merit as determined by the combined results of the competitive and qualifying examinations, with priority over any joining under paragraph (a) on the last day of the competitive examination.

A surgeon's commission will bear the date of the day of his passing out of the Army Medical School.

The regulations as to promotion, retirement, sick leave, &c., remain unaltered.

A TEXAS DOCTOR—Dr. Blister is one of those physicians, who do not take any nonsense from their patients. One day last week he presented his bill to Mose Shamburgh. "One hundred and fifty dollars!" exclaimed Mose. "Vy, mine Gott, two funerals in dot family would not haf cost me so much as dot." "It's not too late to have a funeral yet," replied Dr. Blister, drawing an army-size revolver. The physician heals himself whenever a patient feels indisposed to settle.

A SURGEON SENTENCED TO PENAL SERVITUDE.

At the Liverpool Assizes on Saturday, before Mr. Justice Smith, Daniel Murry O'Hara, *alias* Owen Patrick O'Hare, *alias* William Law, was placed in the dock and pleaded guilty to having, at Huyton, on the 26th November, and also at Sutton and Prescott, in October, 1884, feloniously acted and professed to act under a false colour and pretence of the process of the County Court of Lancashire, holden at St. Helens; also to having, at Prescott and West Derby, on December 10th, sent menacing letters to Jane Amelia Griffiths demanding without reasonable cause £21, and on the 15th December in the same manner demanded the sum of £42 6s. He was also charged with obtaining from Mrs. Griffiths £5 11s. 6d., and £10 10s. from Edward Lyons Evans. Mr. Heywood prosecuted, and Dr. O'Feely appeared for the defence. Mr. Heywood, addressing his lordship, said the prisoner had pleaded guilty to several serious charges. It appeared that Mrs. Griffiths was almost unknown to the prisoner, but he had met her once, just for a moment, two years ago, when he was acting as assistant to Dr. Wynne, at Kirkdale. At the end of last year the prisoner was sued by a firm in Bristol to recover a debt for drugs, and apparently the serving of that writ gave him the idea of practising this cruel fraud upon Mrs. Griffiths, because it was then that he sent the first letter to her. Unfortunately, instead of putting this letter in the fire she replied to it, and further letters followed. At an interview which the prisoner had with her he stated that a Mrs. Lewis and a Mr. Wynne, two persons known to her before, but in a perfectly honourable manner, had brought an action against him at Bristol, intending to prove that he had practised abortion upon Mrs. Griffiths prior to her marriage. He induced her to believe that in order to protect her he must go to Bristol to defend the action. In this way he obtained money from her. He went by the name of O'Hare, and pretended that O'Hare was the only man who could keep the thing secret. He afterwards went through the form of pretending to Mrs. Griffiths that he had been to Bristol, and in one of his letters he gave an account of the magnificent way in which he had defended the action. He then presented to her a so-called attorney's bill, which he said had been taxed and amounted to £48. Prior to that date the prisoner had got ten guineas from the lady's brother. Having persuaded her that the proceedings were at an end, he commenced with a fresh letter, in which he practically said, "Although these proceedings are at an end, I have, in my possession documents which will prove this charge," and he persuaded her that unless she gave him money he would himself proclaim these atrocious charges. Having got various sums of money out of her he called upon her, and at this time she had begun to suspect that a system of fraud was being practised upon her, because she had made inquiries and learned that all about his being at Bristol was false. Dr. O'Feely having appealed to the judge, on behalf of O'Hare, for a lenient sentence,

His Lordship said he had carefully read through the depositions in the case, to see if there was a possibility of the prisoner escaping his plea of guilty; but, from the documents found in the prisoner's possession, and unquestionably written by him, he had arrived at the conclusion that it was absolutely impossible for him to escape a verdict of guilty by the jury. He accepted the statement that the prisoner was a man of unquestionable ability, and had, for twenty-five years, been a member of a noble and honourable profession. How and why the prisoner departed from the path of probity he knew not; but, at any rate, he found that, in the year 1878, the prisoner was convicted, and sentenced to twelve months' hard labour for exactly the same offence as now: namely, feloniously using a process of the County Court. He wished, however, to advert to the major charge of obtaining money by menaces. A more dastardly, wicked offence, short of murder, did not, in his judgment, exist in this country. The Legislature had said that the maximum penalty which should be inflicted for that offence was penal servitude for life. He could heartily appreciate the feeling—he knew it must be intense—which Mrs. Griffiths must have entertained when the prisoner commenced his persecution towards her. She had just given birth to her first child, and was in a weak condition, when the prisoner wrote these letters to her, threatening her that if she did not pay he would blazon to the world what was not true—that, before her marriage, he had procured abortion. A more

dastardly and abominable menace was never made. He (the Learned Judge) appreciated what had been said by the learned Counsel for the defence; but it seemed to him that this charge was never withdrawn until the hand of the law was upon the prisoner, and until there was no possibility of escape. He did not know whether he was justified in the sentence he was about to pass, and it might be asked why he had not given the prisoner penal servitude for life. The sentence of the Court was that the prisoner be kept in penal servitude for ten years.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, MAY 9, 1885.

EDITORIAL AND PERSONAL.

An important conference between the Executive Committee of the Association for Promoting a Teaching University for London, and representatives of the London Medical Schools, was held on Monday last, at the rooms of the Society of Arts. Sir George Young, Bart., who was in the chair, opened the proceedings with an address explaining the objects and methods of the Association. A protracted and interesting discussion ensued. Although no formal resolutions were submitted to the conference, yet those present appeared to be generally agreed in thinking that the Teaching University for London should be founded on Faculties, as constituent bodies on Boards of Studies, representing the Faculties, and a single Governing Body; and further, that the proposed Faculty of Medicine should in the first instance be composed of teachers and examiners in the various branches of medical education.

A SINGULAR, and at the same time a very melancholy, death is reported from Devonshire. Yesterday week Mr. F. P. Phelps, of Exeter, was walking along the rocks at Teignmouth, his family being in advance of him. On arriving home his wife began to be anxious that he had not by this time overtaken them, and search was instituted. Next day the body of the unfortunate gentleman was found jammed in a cavity in the rocks, into which he had evidently fallen, and the water coming in while he lay there helpless, had drowned him. The deceased was an M.A. Oxon., M.R.C.S. Eng., and was in possession of a leading practice in Exeter, where he was much respected.

It was only in 1879 that the King's and Queen's College of Physicians in Ireland established the grade of "members;" and membership of the

College is not included among the qualifications sufficient to enable one to be placed on the register of medical men. Dr. Lyons, M.P., now proposes that "membership" of this College shall qualify for the register, as well as a fellowship or licentiate-ship. His Bill also proposes that those who obtain from any University in the United Kingdom, legally authorized to confer it, the degree of "master in midwifery," or "master of obstetrics," or "master in obstetric science" shall be empowered to register it as a qualification under the Medical Act.

THE Madrid correspondent of the *Standard* states that two members of the Academy of Medicine of Madrid, who had gone to Valencia to assist at the experiment of the inoculation of cholera, have returned. They have addressed a report to the Academy, in which they state that the injection of a half-centimetre cubic of choleraic virus under the skin on the arm of an adult person produced a red tumour. The patient suffered from fever for a few hours, with a temperature of 39 deg., and 114 to 120 pulsations in the minute, then he fell into a state of prostration with shivers, vomiting, diarrhoea, and cramps. The somnolence and prostration lasted twenty-four hours. After forty-eight hours the patient was quite well. The report adds that a greater proportion of the virus would cause death. Sixty doctors of all countries follow day and night Dr. Ferrari's experiments. Two hundred persons have already been inoculated, including ladies of the aristocracy, priests, doctors, and students. The two academicians will hold a conference here to explain the importance of the discovery, which is based on the doctrine of M. Pasteur and Dr. Koch. All the provinces of Spain have sent doctors to Valencia to study the means of inoculating the counter-poison. Most of the Spanish papers dwell at length on the importance of the discovery.

In an article on Medical Examinations in Edinburgh, the *Medical Press and Circular* says:—"Another serious defect, and one that calls for reform, is the method of examinations. In examinations students should, as far as possible, be placed on one level, no matter at what school they have studied. They ought to be examined by men who have no interest in passing them (or more frequently in *not* passing them); the candidate should, in short for the time being, like a convict, be a number, not a name. This plan is to a certain extent carried out in theory in our Royal Colleges; but is often broken in practice, because the first question asked in the oral examination usually is—"To what school do you belong?" Then perhaps a vision of disappointed candidature, or that of a more successful rival or scientific opponent at the school in question, crosses the examiner's mind, and the innocent candidate will not improbably suffer. Unfortunately, occurrences of this kind are not unknown, and we have heard it boastfully stated how great the pleasure was to puzzle this or that candidate. To such an one, dressed in a little brief authority we would say, 'How great art thou in thine infinite littleness!'" There is evidently something wrong in Northern medical circles

THERE has, during the last two or three weeks, been a large and sudden increase in the number of persons attacked by small-pox in London, Manchester, and other provincial towns.

DR. ROBERT MACDONNELL has announced his intention to seek the Presidency of the Academy of Medicine of Ireland, when Dr. Banks' term of office expires, in next November. Dr. MacDonnell has been the Honorary Treasurer of the Academy since its foundation.

THE ARMY MEDICAL SERVICE.

IN another portion of to-day's issue, we publish the present requirements for qualification to enter the Medical Staff of Her Majesty's land forces, which will, we have no doubt, be of greater interest than usual, now that wars and rumours of wars are filling the air. The experience of generations points conclusively to the fact that recruiting for the combatant ranks of the army is never so brisk as on the eve of war, or when its possibility is greatest—a fact worth noticing in these days of cynical unbelief in all manly qualities. There is a popular delusion that during an engagement the army surgeon is always safe in the rear, with the camp-kettles and baggage-waggons. With modern projectiles carrying ever so many miles at hap-hazard, we question whether *any* non-combatant is safe from the risks of battle; but apart from these dangers, the surgeon has so many to face—contagion, privation, deadly climates, and so forth—that we are inclined to view the medical department—indeed, all departments of the service—as combatants. To the countrymen of Nelson, who when a boy stole pears, not that he cared for them, but because there was danger in the act, and all the other boys were afraid to go, the mere risk is an inducement, not a scarecrow—the more dangerous the service, the greater its attraction. All the more reason that the regulations affecting such a service should be so framed as not to check the ardour of aspirant candidates, while duly providing for the admission of none but suitable men.

In the first instance, why is 28 years of age to be the maximum of admission? There are many medical men, without encumbrances, of spotless character, of proved efficiency, who have, perhaps, by pecuniary disabilities been debarred for years from settling down in practice; they may perhaps, have acquired foreign experience in the merchant navy, in the Colonies, and be thereby all the more matured in experience. Admitting these to be exceptions, why exclude these valuable exceptions? We should strongly recommend all invidious distinctions of age to be absolutely discarded. Due regard to all other physical and mental requirements being present renders them useless.

2nd. We are at a loss to understand the clause requiring the candidates' parents to be of unmixed European blood. What! when almost all our wars take place in Asia or Africa? When our Sovereign is hailed as Empress of India by 200 millions of Asiatic

follow-subjects of ours who have gallantly shed their non-European blood in her service but yesterday in Egypt, and are ready to do it again should the occasion arise?

His required signature to a solemn declaration respecting his absolute immunity from any constitutional or hereditary disease is a very judicious and suitable safeguard, as the most obtuse must see how important it is that the tender of the sick, under circumstances of exceptional hardship, must himself be possessed of the most favourable conditions of robust health, so as not to swell the number of those who look to his ministrations for the protection of themselves. But, without being hypercritical, we cannot but discern a ludicrous feature in the requirement of his declaration that he is free from "mental" disease, hereditary or otherwise. This is a question we always expect to be answered by others than the person it immediately concerns. Where is the person ever so little "touched" (to use a colloquial expression for the *non compos mentis* condition) who ever admitted himself even predisposed towards it? The requirement of a certificate to this effect from a suitable medical authority would be far more logical.

To clause 3 we have nothing to say—except, perhaps, to express a hope it may be tied up with as little red-tape as possible.

With respect to the subjects of special examination enumerated in clause 4: under the heading (a) we find anatomy and physiology. Now, what does this mean? Is it surgical anatomy only? We must conclude the examination in surgery includes this as a *sine quid non*. Or does it mean that the candidate, no matter what examinations he may have gone through, no matter what qualifications he may have obtained and registered, must go to school again, read up his Bones and Gray's Anatomy again, as if for the first college, and take his chance of being "spun," although he may be an excellent operator or physician, because he makes a little slip respecting the origin and insertions of a particular muscle?

The other professional requirements seen soundly practical enough—proficiency in operations in chemical diagnosis, in chemistry, so far as it relates to pharmacy, only these are purely technical, and therefore indispensable. But as to the *Voluntary* subjects included in clause (5) we can by no means endorse them with unqualified approbation. Many a candidate, in hopes of "eclipsing" his fellow competitors, will, perhaps neglect the useful for the ornamental branch. The modern system of education implies for every gentleman, some initiation into the knowledge of zoology, of natural philosophy, of comparative anatomy; but of what earthly use will proficiency in these highly valuable, but not absolutely indispensable studies, be in binding up wounds in action, or tending sick men in hospital? Botany, in reference to *materia medica*, is, we admit, to the point, especially in climates where fruits and plants abound unknown to most Europeans; but not physical geography, beyond the amount every educated man is expected to know. It must not be supposed we wish to reduce the number of require-

ments unduly. While fully appreciating the importance of proficiency in such widely spoken languages as French and German, we should be inclined to recommend the study of Hindostanee, perhaps also of Arabic, taking into consideration that almost all our military expeditions in modern times, have the East for their field of action. The proviso of clause (7) that, after passing this examination, the successful candidate must go through a month's practical instruction at Netley, is highly commendable, as it will give the finishing touch to his preparation for the duties he aspires to assume, and initiate him into the military aspect of his profession. But why is he then viewed as a surgeon "on probation?" Surely, the requirements he has satisfied the special ordeal of examination he has just passed, are quite sufficient probation in themselves. We presume this is only a conventional term. The attendance at mess enjoined in clause (9) together with the disciplinary requirements of clause (10) we highly approve. The surgeon is now recognised as an officer by the combatant officers of the Army, and he cannot too soon acquire the tone and bearing suitable to the society into which he is now admitted, and contract the *esprit de corps* so essential to all members of the service for its efficiency as a whole.

Notices of Books.

GOODHART ON DISEASES OF CHILDREN.*

This, one of the latest additions to Messrs. Churchill's popular "Guide Series" is undoubtedly one of the most valuable and will, we have no doubt, be one of the best appreciated by students. That a readable and compendious work on the diseases of children was much wanted, every advanced student must admit, and anyone of competent judgment will, after perusal of Dr. Goodhart's "Guide" now under review, allow that Messrs. Churchill were singularly happy in their selection of an author to supply the want, albeit that the author in the preface says there are many who could have done the work far better. If such there be it is much to be regretted that they do not publicly display their talents and ability; but we venture to affirm that there are very few who would enter upon the task of writing a work on the diseases of children to compete with that now before us with a light heart.

To give an exhaustive review of Dr. Goodhart's work is impossible within the limits of the space at our disposal. To mention that it contains nearly 650 pages of matter will sufficiently indicate that the author has not merely skimmed over the ground; he has gone deep into the subject, omitting nothing that can be considered essential to the perfecting of a complete manual of the diseases of children. Although written for the student, the work will be equally of value to the practitioner, more especially in regard to treatment, which the author in every case discusses very fully, giving the methods advocated by other medical authorities, as also the results of his own varied and extensive experience in hospital and private practice. The publication of a work of such a high order must be regarded not only as a boon to the student, but also a welcome addition to general medical literature.

* The Student's Guide to Diseases of Children, by James Frederic Goodhart, M.D. Aberd., F.R.C.P., Assistant Physician Guy's Hospital, Physician to the Evelina Hospital for Sick Children.—London: J. and A. Churchill, New Burlington Street, London.

University, College, and Hospital Intelligence.

CAMBRIDGE UNIVERSITY.

EXAMINATIONS FOR MEDICAL AND SURGICAL DEGREES, EASTER TERM, 1885.—*Preliminary Notice.*—The First Examination for the Degree of Bachelor of Medicine will begin on Friday, June 5; the Second, Tuesday, June 9; the Third, Part I., Tuesday, May 12; ditto, Part II., Wednesday, May 13. The Examination for the Degree of Bachelor of Surgery will be held on Saturday, May 16. The Examination for the Degree of Master of Surgery will be held on Friday and Saturday, May 15 and 16. The names of candidates for the Third Examination, and for the Examinations in Surgery, must be sent to the Prælectors of their respective Colleges on or before Monday, May 4; those for the First or Second Examinations on or before Tuesday, May 26. The certificates of candidates, accompanied by their postal addresses, must be sent to the Secretary not less than seven days before the beginning of the Examination for which they are entered. The fees for the Examination must be paid to the Registry of the University before the certificates are sent in.

DUBLIN.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.—The interesting ceremony of the distribution of the prizes awarded to the successful students at the close of the Winter Session, 1884-85, took place on Friday May 1st, in the Lecture Theatre of the hospital. The members of the staff present were:—Drs. Foot and J. W. Moore, Mr. Wharton, F.R.C.S.; Mr. Philip C. Smyly, F.R.C.S.; Mr. L. Hepenstal-Ormsby, F.R.C.S.; Mr. Hepburn, F.R.C.S.; Francis Penrose, secretary; Frank Porter Newell, M.B., house surgeon, &c. Dr. Foot, senior physician, opened the proceedings by expressing himself in conjunction with his colleague, Dr. J. W. Moore, much pleased with the answering for the medical prizes. The competition was very close, and the answering this year was of a very high order, and showed in a marked degree that the gentlemen who had so successfully competed had taken advantage of the many opportunities afforded them of making themselves thoroughly grounded in the principles and practice of medicine. Mr. Wharton, F.R.C.S., said, in the absence of Sir George Porter, who was unavoidably called away, it afforded him, in conjunction with his other colleagues, very great pleasure to take part in such a pleasing ceremony. He highly complimented the competence and ability of the various candidates who had presented themselves for the Surgical Prize Examinations. In the Senior Surgical Examination three gentlemen answered so well that their marks were equal, and the Medical Board decided that their names should be bracketed on the prize shields as being equal. The answering for the Junior Surgical Prize was also of a very high order. The following gentlemen were successful in obtaining prizes:—Senior Medical Prize, Mr. Henry Walter; Second Medical Prize, Mr. John T. Russell; Senior Surgical Prize, Mr. R. D. Pennyfather, Mr. John T. Russell, and Mr. Wm. J. Taylor; Junior Surgical Prize (1st), Mr. Alfred William Bewley; Second Junior Surgical Prize, Mr. A. E. Mahood. Clinical Clerks' Certificates were awarded to Mr. James Craig and Mr. Walter J. Slaughter. Resident Surgical Pupils' Certificates were awarded to Mr. James Craig, Mr. Richard Hugo, Mr. Thomas H. Wilson, and Mr. Samson H. Newland.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At a meeting of the Court of Examiners, held on 7th April, and following days, the undermentioned gentlemen, having passed their final examination for the letters, testimonials, and having taken the declaration, were admitted Licentiates of the College, viz.:—Alfred George Beale, Jeremiah Behan, Louise Aloysius Byrne, Robert George Christy, Thomas Codd, James Corcoran, Edward George Cotton, Patrick James Curtin, John Outhbert, William Danne, John Joseph Davoren, John Daw-

son, John Empeon, Frederick Hall, Michael St. Lawrence Hartford, Patrick Heelan, A. Joseph Patrick Hogan, George Edgar Hughes, John Keane, Henry Thomas Knaggs, David Humphries, Reginald Levinge, Daniel McCann, James Douglas McDonagh, William Arthur Mahon, Matthew John Marmion, John O'Callaghan, John Rodgers, William John Russell, Edmund Aloysius Ryan, Jeremiah Bercham Ryan, John Joseph Savage, James Albert Frederick Sawyer, Robert Dudley Algoe Stone, Ernest Hastings Tweedy, Thomas F. Wade, Hugh Whelan, and John Whyte. Fifteen were stopped.

ST. MARK'S OPHTHALMIC HOSPITAL

THE Board of Governors of this hospital met on Monday last, John Bagot, Esq., J.P., presiding. There were also present—James F. Lombard, Esq., J.P., Rev. Abraham S. Fuller, D.D., J. R. Mullins, Esq., Jno. Trant Hamilton, Esq., D.L., M.P., Jno. B. Story, Esq., M.B. The minutes of the last meeting having been read and confirmed, the secretary read a letter from the Board of Superintendence of Dublin Hospitals, calling for the usual annual returns, which the registrar was instructed to furnish. A letter was also read from the secretary of the Finance and Leases Committee of the Corporation of Dublin, asking for several particulars relative to number of patients, working of hospital, &c., and this too was ordered to be complied with. On the recommendation of Mr. Drew, R.I.A., architect, who was present, the revised tender of Stephen Adams for improvements to hospital was accepted, as also was his tender for repairing the damage done to the hospital by a fire which occurred on the 1st inst. The thanks of the Board was ordered to be conveyed to Miss Black, of Eccles Street, for the great interest she had taken in getting up a view platform in front of the hospital, on the occasion of the entry of their Royal Highnesses the Prince and Princess of Wales, on the 8th inst., the tickets for seats, and windows let on that occasion, realising a handsome sum of money to be placed to the funds of the hospital. After the thanks of Dr. Odevaire, for electing him clinical assistant, had been conveyed to the Board, the meeting was adjourned.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at meetings of the Court of Examiners on the 25th, 27th, and 28th ult., viz:—Messrs. Henry W. M. Kendall, L.S.A., Bexley-heath, Middlesex Hospital; James P. Brooks, L.S.A., Tollington-park, King's College; Lawrence Barnett, L.S.A., Swansea, University College; Charles J. West, L.R.C.P.L., Warwick-street, S.W., St. Thomas's Hospital; Frederick G. Failes, L.S.A., King's Lynn, and Alfred D. Edginton, L.S.A., Southampton, St. Bartholomew's Hospital; George H. Baker, L.S.A., Kensington, Charing-cross Hospital, and Philip S. Brito, M.B. Aber., Ceylon, University of Aberdeen; Charles R. M. Green, L.S.A., Morpeth-street, E., and Albert G. Hanson, Sydney, N.S.W., London Hospital; Edward H. Morgan, Sydney, N.S.W., Newcastle School of Medicine; Edward S. S. Davis, L.S.A., Fowey, Cornwall, St. Bartholomew's Hospital; Frank Rothera, M.B., Edin., Nottingham, Berlin; John F. Harries, L.S.A., Shrewsbury, King's College; William H. Booth, L.R.C.P.L., Plymouth; Frederic P. Maynard, L.R.C.P.L., Barnes, and Charles L. Walsh, L.R.C.P.L., Oxford, St. Bartholomew's Hospital; Frederick J. Smith, L.R.C.P.L., Bishopsgate-street, London Hospital; Hugh Armstrong, L.R.C.P.L., Chaloot-crescent, N.W., University College Hospital; Herbert Tanner, L.R.C.P.L., Bicester, St. Mary's Hospital; Rolf Cressy, L.R.C.P.L., Ealing, Guy's Hospital; and Jasper J. Garmany, M.D., Belle Vue Med. Coll., Savannah, Georgia. Several gentlemen who passed in surgery at previous meetings of the Court having subsequently obtained medical qualifications, were admitted members of the College, viz:—Messrs. Hugh T. W. Blakeney, L.A.H., Dub., Dorking, St. Bartholomew's Hospital; Robert Evans, L.R.C.P. Ed., Granville-square, W.C., King's College;

Walter Basset, L.R.C.P.L., Bristol, William C. Lysaght, L.R.C.P.L., Clifton, Bristol School of Medicine; Harold E. Browne, L.R.C.P.L., Wiesbeach, University College Hospital; John H. Blight, L.R.C.P.L., Guy's Hospital, and Guthrie N. Caley, L.R.C.P.L., St. Mary's Hospital.

The following gentlemen were admitted on the 29th ult., viz:—Messrs. Philip H. Nutting, L.R.C.S., Warwick, London Hospital; Shirley L. Woolmer, L.S.A., Charrington-street, N.W., and William P. Barrett, L.S.A., Cheltenham, University College Hospital; Edward Wood, L.S.A., Tottenham, King's College; William F. Pedlar, L.S.A., Tiverton, St. Bartholomew's Hospital; and Harold Simmons, L.S.A., Ladbroke-grove, Middlesex Hospital.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following members have been elected Fellows of the College:—William Carter, M.B. Lond., Liverpool; Alexander Davidson, M.D. Edin., Liverpool; Thomas Gilbert Smith, M.D. Dub., Harley-street; George Ernest Herman, M.B. Lond., West-street; David White Finlay, M.D. Glas., Montague-street; Edward Markham Skerritt, M.D. Lond., Clifton; Alexander Hughes Bennett, M.D. Edin., Queen Anne-street; Alfred Sangster, M.B. Camb., Savile-row; Felix Semon, M.D. Berlin, Welbeck-street; Vincent Dormer Harris, M.D. Lond., Welbeck-street; Joseph Arderne Ormerod, M.B. Oxon., Upper Wimpole-street; Samuel Hatch West, M.D. Oxon., Wimpole-street; Robert Shingleton Smith, M.D. Lond., Clifton; David Boyes Smith, M.D. Edin., Netley; George Henry Savage, M.D. Lond., Bethlehem Hospital; John Thorburn, M.D. Edin., Manchester; Herbert Isambard Owen, M.D. Camb., Gloucester-gardens; Robert Edward Carrington, M.D. Lond., St. Thomas's-street; Percy Kidd, M.D. Oxon., Brook-street; Seymour John Sharkey, M.B. Oxon., Portland-place. The following candidates, having passed the necessary examinations, were admitted members on April 30th:—James Barry Ball, M.D. Lond., 29, Belgrave Road, S.W.; Rayner Winterbotham Batten, M.D. Lond., Gloucester; Arthur Temple Davies, M.B. Camb., 23, Finsbury Square, E.C.; Arthur Gamgee, M.D. Edin., Manchester; Herbert Tyrrell Griffiths, M.D. Camb., 57, Brook-street, W.; Sydney Harris Cox Martin, M.D. Lond., 135, Gower-street, W.C.; John Phillips, M.B. Camb., 125, Harley-street, W.; William Gabriel Rockwood, M.D. Madras, Colombo, Ceylon; Edward Stewart, M.D. Brussels, 16 Harley-street, W.

UNIVERSITY OF GLASGOW.—The following are the pass-lists for April, 1885. *First Professional Examination.*—H. N. Bird, T. Cameron, A. Campbell, D. Craig, J. Crawford, J. Dewar, R. G. Dick, W. Dinamore, R. J. Freebairn, R. Halliday, W. T. Hannah, T. W. Hay, T. W. Jenkins, M.A., J. W. Jordan, T. Laird, G. Lowson, J. R. Marshall, J. Melville, A. C. Morrison, W. H. Murray, J. M'I. McCall, J. S. McConville, M.A., J. M. McCorkindale, J. McKendrick, A. Park, T. L. Paterson, W. F. Paton, M.A., D. J. Penney, J. W. W. Penney, D. Pryde, D. Revie, W. Russell, A. Shanks, H. R. Sloan, J. M. Stewart, D. Stone, A. Tannahill, G. Thomson, J. B. Wallace, W. Wallace, M.A., J. D. Wilson, R. J. Wylie. *Second Professional Examination.*—J. Bruce, A. Butler, J. G. Connal, S. S. Dale, T. T. Downie, J. K. Duff, M.A., A. Duncan, D. Eliot, A. G. Faulda, W. R. Forrester, A. Gray, H. Gray, R. C. Highet, G. F. Hillard, R. Hogg, A. D. Hughes, J. A. Jackson, J. Jago, H. W. Kilpatrick, T. Kirkland, J. Love, J. Marshall, W. Millar, R. C. Miller, J. K. Morton, J. Muirhead, C. M'Bryde, J. M'Donald, T. L. Macfarlane, T. M'Geoch, A. H. M'Lean, W. T. Nicholson, H. Rhodes, H. W. Robinson, W. P. Sandilands, C. E. Scanlan, A. Shah, W. Snodgrass, M.A., J. B. Stewart, J. Stewart (Lochgilphead), R. Stirling, E. B. Tant, J. A. Ure, T. Watt, M.A., E. Williams, G. Wills, D. Wingate. *Third Professional Examination.*—B. J. Adam, A. W. Aird, W. M. Alexander, M.A., B.Sc., R. M'G. Beattie, J. A. Brown, W. F. Brown, A. T. Campbell, A. Carmichael, R. K. B. Crawford, J. R. F. Cullen, J. Currie, J. F. Davidson, G. W. Davis, D. M'K. Dewar, J. K. Duff, M.A., W. H. Fergus, R. I. Gardner, B. E. Goff, R. W. T. Haddow, R. Hamilton, W. Hay, R. Henry, H. Hickin, W. H. Manners, J. Marshall, W. Marshall, A. L. Matheson, A. E. Miller, H. W. B. Montague, D. S. MacColl, J. M'Conochy, H. M. M'Houl, C. A. MacKechnie, A. A. MacKeith, J. MacLachlan, D. T. MacLeod, J. A. Macquarie, W. Pyle, R. Ramsay, J. Richie, R. Robertson, W. Robertson, J. Rowat, A. Roxburgh, H. W.

Sinclair, J. Stewart (Renfrew), J. W. H. Steil, J. Thoburn, W. Wallace (Glasgow), W. Wallace (Greenock), J. Watson, J. Wyllie.

VACANCIES.—The following vacancies are announced. Balinasloe Lunatic Asylum. Consulting and Visiting Physician. Salary, £100 per annum. Application to Resident Medical Superintendent. Election on May 11.—Coombe Lying-In Hospital, Dublin. Assistant Physician. Applications to Dr. S. R. Mason, 92, Harcourt Street, Dublin.—Dental Hospital of London, Leicester Square. Dental Surgeon. Applications by May 11th.—Essex and Colchester Hospital. House Surgeon and Apothecary. Salary, £100 per annum. Applications by May 21st.—Hackney Workhouse. Assistant Medical Superintendent. Salary, £120 per annum, with residence and rations.—Hartlepool's Friendly Societies' Medical Association. Assistant Medical Officer. Salary, £130 per annum. Applications to T. Tweddell, Commercial Terrace, West Hartlepool.—Parochial Board of Pennygown and Torosay. Medical Officer. Salary £100 per annum. Applications to Alex. Macdougall, Inspector of Poor, Auchnacraig by Oban.—Royal Berks Hospital, Reading. Senior Physician. Applications by May 23rd.—St. Mary, Islington. Medical Officer for the Upper Holloway West District. Salary, £100 per annum. Applications by May 18th.

APPOINTMENTS.—Henry Handford, M.D., M.R.C.P., appointed Physician to the General Hospital, Nottingham. Robert Dundas Helm, M.B., C.M.Ed., appointed Resident Physician to the Royal Hospital for Sick Children, Edinburgh.—Hector W. G. Mackenzie, M.A., M.B. Cantab., appointed Resident Assistant Physician at St. Thomas's Hospital, *vice* Percy Smith, M.D., resigned. E. H. Myddelton-Gavey, M.R.C.S. Eng., L.S.A. Lond., appointed House-Surgeon, Leeds General Infirmary.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 30th of April, 1885.—John Sadler Curgenwell, St. Bartholomew's Hospital; Merwanjee Nowrojee Gandevia, Bombay; Charles Nichol Graham, Guy's Hospital; Richard Pinhorn, St. George's Hospital; Arthur Roberts, London Hospital; John Turville Smith, Manchester School of Medicine; Alfred Sutton, Guy's Hospital.

Examination Questions.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

DIPLOMA OF MEMBER.

Principles and Practice of Medicine.—1. Discuss the consequences of obstruction of the Portal Vein, or of its ramifications, and the causes of such obstruction. 2. What are the symptoms, consequences, and treatment of Diabetes Mellitus? and how do you detect the presence of sugar in the urine? 3. Enumerate and explain the symptoms which may attend Aneurysm of the transverse arch of the Aorta; and state how you would treat the disease. 4. What are the effects of overdoses, and what the medicinal effects and uses of the following medicinal agents:—Belladonna, Digitalis, Lead, Zinc, and Hydrocyanic Acid? Enumerate, and state the doses of, those preparations of these drugs which are intended for internal administration. Candidates must answer three of the four questions, including question No. 4.

Midwifery and the Diseases of Women.—What are the possible terminations of Labour with the shoulder presenting? What would be your treatment (a) before, (b) after, the shoulder was impacted? 2. You are called to a patient near the full term of pregnancy, who is extremely pale, with small pulse, normal temperature; abdomen very large, uniformly hard and tense; os uteri small, no discharge: the patient complains of continuous severe pain in the belly. What condition is indicated by these signs and symptoms? and how would you treat it. 3. Describe the course of a case of Puerperal Peritonitis, and how you would treat it? 4. What are the symptoms which Uterine Submucous Fibroids commonly cause, and how would you treat them? Candidates must answer three of the four questions.

Surgical Anatomy and the Principles and Practice of Surgery.—

1. Give the anatomical relations of the Common Femoral

Artery. What are the alleged objections to its being ligatured, and under what circumstances may it be necessary to disregard them? 2. Mention in order the several tendons in relation with the Knee-Joint, and state what Bursae are usually found in connection with them. 3. Under what conditions may spontaneous cure of Aneurism occur? What are the changes which take place in the sac and its contents? 4. Describe the symptoms and course of Intussusception of the Bowel. What are its causes, and what treatment would you adopt in different cases? 5. Mention the various conditions which may require Trephining of the Skull. How is the operation performed? 6. What are the causes of Retention of Urine in a child? Give the treatment appropriate to different cases. Candidates must answer at least four (including one of the first two) of the six questions.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF EDINBURGH.

QUESTIONS SET ON 22ND APRIL, 1885, FOR FIRST TRIPLE QUALIFICATION EXAMINATION.

Histology.—1. Describe a white blood corpuscle, mentioning shape, size, proportion in which the white corpuscles are present in the blood as compared with the red. 2. Describe a yellow elastic fibre. 3. Describe a fat-cell; and how do you prove its contents to be fatty? (Two questions to be answered.)

Elementary Anatomy.—1. Describe the os trapezium. 2. Describe the situation and formation of Hunter's Canal. 3. After reflecting the gluteus maximus, state in order the muscles exposed. 4. What movements take place at the ankle-joint; and mention the muscles producing them. (Three questions to be answered, and not more.)

Chemistry.—1. What is a chemical element? How many of the elements are non-metallic? Give six examples, with their symbols and atomic weights. 2. In what state is sulphur met with in nature? Describe the effect of heat upon it. Name the oxides of sulphur, and give their symbols and atomic weights. 3. What is the source of the salts of potassium? Name the principal salts. Give the tests for potassium. 4. What is meant by the term "Atomic Heat?" What bearing has atomic heat upon the determination of the atomic weight of a substance? (Four questions, of which three only are to be answered.)

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS, Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

MR. T. LEDLIE.—Many thanks for suggesting the addition to our list. The announcement shall be made in our next.

Mrs. FINGLAND.—The Journal should have reached you in due course, having been forwarded as usual.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. Semple, London; Dr. J. Brindley James, London; Dr. Dartnell, Liverpool; Mr. J. Lloyd T. Jones, St. Bartholomew's Hospital; Mr. L. Watson, Chadwick Mount, Liverpool; Mr. J. T. Hutchinson, North Shields; Mr. J. Wright, Glasgow; Dr. G. H. Philipson, Newcastle-upon-Tyne; Mr. J. Kenneth Birdseye, Buxton; Mr. J. C. Byrne, Shawballymore; Mr. Knowles, Sheffield; Mr. W. Fingland, Liverpool; Mr. T. Ledlie, Newry; Dr. Singleton Smith, Clifton; Dr. H. C. Storer, Sandy, &c., &c.

BOOKS, PAPERS, &c., RECEIVED.—The Student's Guide to Medical Jurisprudence, by John Abercrombie, M.D. Cantab., M.R.C.P., Lecturer on Forensic Medicine at the Charing Cross Hospital. London: J. and A. Churchill, New Burlington Street.—Midland Medical Miscellany—British Medical Journal—New York Medical Record—Medical Times and Gazette—Medical Press and Circular—Chicago Medical Journal and Examiner—Canada Medical and Surgical Journal, &c., &c.

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Lord-Chancellor Selborne and Lord Justice James stated that the Defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

It was proved in Court, on affidavit by Mrs. Forbes, of Paris, that the testimonial published in the *Times*, November 14th, 1865, speaking of the great efficacy of Chlorodyne in Cholera, referred to Dr. J. COLLIS BROWNE's Chlorodyne, and that she never used any other; and she had written to the Defendant Freeman to that effect, notwithstanding which notice the Defendant publishes the said testimonial as referring to his medicine.

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Notes by the May.

THAT unhappy wretch O'Hare, some of whose iniquities were related in last week's GAZETTE, and who was justly sentenced, at the recent Liverpool Assizes, to ten years' penal servitude, put an end to his miserable existence, by hanging himself in his cell at Walton gaol, about mid-day on the 7th inst. The warden had brought his dinner to him at the usual time on that day, but, instead of eating it, as soon as he was left alone he must have stripped himself naked, tore the bed-sheet into strips, with which he strangled himself, for he was found shortly afterwards quite dead, with the strips of sheeting round his neck. He had, it appears, made six previous attempts to take his life, but it was thought that he was only trying to gain sympathy.

A CONSTANT reader of the GAZETTE writes:—"Dear Peripateticus,—It may be of interest to your numerous readers if I mention that the Dr. O'Hare, who was convicted at the Liverpool Assizes of obtaining money from a lady patient, by threatening to spread a foul libel against her, spent some time in London a few years ago, in the hope of getting a practice for nothing. At that time I had advertised the practice I was then working, worth about £700 a year, for sale, and, among others who applied for it, was Dr. O'Hare. After thoroughly examining the books, and being taken over the neighbourhood, he expressed himself delighted with the practice, 'the very thing he was looking out for;' he would take it off my hands at once—practice, lease of the house, furniture, book debts, and all—and he would allow me to start immediately for the seaside for much-needed rest and change of air. As I was negotiating with another party, I told him he must wait the result of these negotiations. Every day, for about a week, O'Hare called upon me, each time being invited to dinner or tea, and making himself most agreeable, until I almost began to regard him as one of the family. The negotiations with the other party having, by that time, fallen through, I told O'Hare that the practice was his if he would pay down half the purchase-money before taking possession. On my telling him he would have to part before getting the practice transferred, he professed his inability to comply with my demands, as all his money—some thousands—was settled on his wife and children, and he could only draw the interest. He would, however, pay me out of the receipts, and was confident he would clear off everything within a year, as he would more than double the practice, having already secured the patronage of the priests and leading Roman Catholic families in the neighbourhood. Finding he had no money, I began to suspect that he was an adventurer, and told him that if he thought I was going to hand him over the practice, and a large house, well-furnished, for nothing, he was the victim of a delusion. I had at least six personal friends who, I thought, would be glad to succeed me on these terms, but should they all decline to accept the practice and furniture

as a present, I would give it to an entire stranger, and would then send for him, if he were still free to accept it, meantime he would retain my goodwill only by keeping at a distance, and not troubling me with any further communications."

A MARVELLOUS occurrence is reported from Clifton. Last week a young woman intending to commit suicide jumped over the Clifton Suspension Bridge, and, after falling some 210 feet, alighted on the bed of the river below. It being low water she fell into the mud, and, strange to relate, she was taken out quite conscious and able to give an account of herself. This is the first case in the history of this wonderful structure of a leap from it which has not been followed by immediate death. When I visited the bridge a few years ago, the driver of an omnibus, which at that time ran from Bristol to the Clifton Station below the bridge, told me he had seen sixteen or seventeen persons leap from the bridge and thus meet death. In each instance he noticed that the body turned head over heels around and around until it had fallen about a half or two-thirds of the distance, when the spinning motion ceased, and the body would fall head first with a rush to the bottom. His idea was that death took place at the moment when the spinning motion ceased.

THE sale of sham milk prevails to a large extent at Liverpool, but it is satisfactory to find that the sanitary authorities are doing their best to put a stop to it. Last week a milk dealer was fined £10 and costs for selling skimmed milk adulterated with water and starch paste. This was the eighth conviction of this particular dairyman. Three times he had paid fines of 20s. each, three fines 40s. each, and once he had been fined £5. The business must be very profitable to make it worth his while to pay these sums in fines.

FOR several years past, the majority of parents in Leicester have defied the Vaccination Acts, and will have none of it. They, and their children, ought, of course, to die of small-pox like rotten sheep, but with obstinate perversity—which is most unpardonable—they will do nothing of the kind; in fact, they will not allow the disease to get a footing in the town. The medical officer of health for the borough in his report for last year, states that although not one-third of the 4,851 children born were vaccinated, there was not a single fatal case of smallpox during the year. There were three distinct outbreaks of small-pox, and in each instance the infection was conveyed from London; but owing to the immediate removal of all the inmates in each house where the disease appeared to the hospital, together with the disinfection of the houses, the further spread of the disease was arrested. By these measures, only six persons in all suffered from the three outbreaks. During the last eight years there have been no fewer than 20 importations of small-pox into the town and its immediate neighbourhood, and in each instance the health committee have been successful in stamping it out. For six years no death has

occurred from small-pox. There is some explanation wanted here, for the fact confuses one. Perhaps it is that small-pox can't exist in Leicester, for the same reason that vipers and toads are unable to live in Ireland. No doubt Dr. Seaton, or some of those awfully wise Local Government Board officials could explain matters to their own satisfaction at least. Here in London, where everyone almost is vaccinated every few years, small-pox is scandalously prevalent. Have overcrowding, dirt, and starvation anything to do with the disease? Sooner or later, we shall have to face these questions, for the public faith in vaccination is becoming somewhat shaky.

THE *Times* correspondent with the Afghan Boundary (!) Commission, in a recent letter, relates an interesting case of cure of snake-bite. "Before winter closed in," he writes, "one of the Lancers—a strong, healthy young fellow—very nearly fell a victim to one of these reptiles. When picking up a stone he was bit in the back of the hand, and he owed his life to his own prompt presence of mind and Dr. Charles's care and skill. Tearing off a strip of his turban he bound it tightly—so tightly that in hospital they could not tighten it—round the arm above the wrist. He then made off for the hospital, and half an hour after being bitten he was under Dr. Charles's care. But already there were signs of paralysis in the left leg, and this gradually spread till both extremities were completely paralysed. He suffered from great heat, followed by intense cold, tingling and numbness in the arms and legs, and much pain over the heart—his heart was 'on fire' he complained. Altogether his case, after an hour or so, seemed hopeless. He was plied with brandy and ammonia, and made to walk till his legs were deadened by paralysis, and then he was put between hot blankets, and hot bricks were applied to his feet. Hypodermic injection of ether was found very useful, and at last, after three hours of unremitting care, he slowly passed out of danger; and Dr. Charles has the satisfaction of being one of the few who have successfully treated a snake bite. However, the man did not completely recover at once. He suffered from blood poisoning, and it was three weeks before he was discharged from hospital."

THE new budget will make a serious difference in the expenditure of our large hospitals and infirmaries, and I am surprised that complaints have not been made on the subject in the public press. Enormous quantities of spirits are used in some of our hospitals, which will have to bear an increased duty of two shillings a gallon, besides which all drugs containing spirits of wine and ether will be increased in price. A day or two ago I was talking on this subject with the manager of one of the large wholesale drug houses, and he told me that in their new price list, to be issued next week, all tinctures made with rectified spirit will be fivepence per pound, and proof spirit tinctures threepence per pound dearer. That the drugs and medical comforts of the sick poor should be selected to bear the

increased charges of a war budget, whilst the champagne, and wines consumed chiefly as luxuries by the rich, should be let off with their present ridiculous charge of twopence per bottle duty, is a scandalous anomaly, which only a Liberal Chancellor of the Exchequer would attempt to justify.

PERIPATETICUS.

Original Papers.

NOTES ON ANATOMY.

By G. M. DARTNELL, L.R.C.S., &c.

(Continued from page 131.)

ABDUCTOR MINIMI DIGITI MUSCLE.

Origin.—From the pisiform bone, and from an expansion of the tendon of the flexor carpi ulnaris.

Insertion.—Inner side of the base of the first phalanx of the little finger.

In Front.—Inner portion of palmar fascia, and the palmaris brevis muscle.

Behind.—Flexor ossis metacarpi pollicis (opponens minimi digiti).

Inner side.—Flexor brevis minimi digiti.

Nerve.—Ulnar.

Action.—Draws the little finger outwards.

FLEXOR BREVIS MINIMI DIGITI MUSCLE.

Origin.—The tip of the unciform process of the unciform bone, and from the anterior surface of the annular ligament.

Insertion.—Into the base of the first phalanx of the little finger.

In Front.—Internal portion of palmar fascia, and the palmaris brevis muscle.

Behind.—Flexor ossis metacarpi minimi digiti (opponens minimi digiti).

Nerve.—Ulnar.

Action.—Flexes the little finger.

Note.—At its origin it is separated from the abductor by the deep branches of the ulnar artery and nerve. This muscle is sometimes wanting; the abductor is then, usually, of large size.

FLEXOR OSSIS METACARPI MINIMI DIGITI MUSCLE. (Opponens) (Adductor Minimi Digiti).

Origin.—Unciform process of unciform bone and from the contiguous portion of the annular ligament.

Insertion.—Into the whole length of the metacarpal bone of the little finger, along its ulnar margin.

In Front.—Flexor brevis minimi digiti, and abductor minimi digiti.

Behind.—Interossei muscles in the fourth metacarpal space; the metacarpal bone; the flexor tendons of the little finger.

Nerve.—Ulnar.

Action.—Flexes the metacarpal bone of the little finger.

ABDUCTOR POLLICIS MUSCLE.

Origin.—Ridge of trapezium and annular ligament.

Insertion.—Radial side of base of first phalanx of thumb.

In Front.—Palmar fascia.

Behind.—Opponens pollicis (flexor ossis metacarpi pollicis).

Nerve.—Median.

Action.—Abducts the thumb.

Note.—A cellular interval separates the inner border of this muscle from the flexor brevis pollicis.

FLEXOR OSSIS METACARPI POLLICIS MUSCLE. (Opponens Pollicis).

Origin.—Palmar surface of the trapezium, annular ligament.

Insertion.—Into the whole length of the metacarpal bone of the thumb on its radial side.

In Front.—Abductor pollicis muscle.

Behind.—Trapezio-metacarpal articulation.

Inner side.—Flexor brevis pollicis muscle.

Nerve.—Median.

Action.—Flexes the metacarpal bone of the thumb.

FLEXOR BREVIS POLLICIS MUSCLE.

Origin.—The anterior and more superficial portion arises from the trapezium and outer two-thirds of the annular ligament; the deeper portion from the trapezoid and os magnum bones, base of third metacarpal bone, and sheath of the tendon of the flexor carpi radialis.

Insertion.—The fleshy fibres unite to form a single muscle, this divides into two portions, which are inserted one on either side of the base of the first phalanx of the thumb, the outer portion being joined with the abductor and the inner with the adductor pollicis.

In Front.—Palmar fascia.

Behind.—Adductor pollicis, tendon of flexor carpi radialis.

Outside.—Opponens pollicis muscle.

Inside.—Tendon of flexor longus pollicis.

Nerve.—The outer head is supplied by the median, the inner head by the ulnar nerve.

Action.—A flexor of the thumb.

Note.—A sesamoid bone is developed in each tendon as it passes across the metacarpo-phalangeal joint. The tendon of the flexor longus pollicis lies *between* the two portions of this muscle.

ADDUCTOR POLLICIS MUSCLE.

Origin.—From the whole length of the metacarpal bone of the middle finger on its palmar surface.

Insertion.—Ulnar side of the base of the first phalanx of the thumb, and into the internal sesamoid bone.

In Front.—Flexor brevis pollicis, the tendons of the flexor profundus; the lumbricales muscles.

Behind.—The first two interosseous spaces from which it is separated by a strong aponeurosis.

Nerve.—Ulnar.

Action.—Draws the thumb towards the palm of the hand.

DEEP PALMAR ARCH

Is formed by the junction of the profunda (deep; communicating) branch of the ulnar artery with the radial artery, and lies a finger's breadth nearer the

wrist than the superficial palmar arch. It extends from the first interosseous space, to the base of the metacarpal bone of the little finger.

The radial artery enters the palm at the first interosseous space *between* the heads of the abductor indicis muscle; it then passes transversely across the palm *between* the flexor brevis pollicis and the adductor pollicis, to the base of the metacarpal bone of the little finger, where it joins the communicating branch of the ulnar.

The profunda branch of the ulnar passes deeply inwards *between* the abductor minimi digiti and flexor brevis minimi digiti to join the radial and complete the arch. It is accompanied by the deep palmar branch of the ulnar nerve.

In Front.—Long flexor tendons; flexor brevis pollicis.

Behind.—Bases of metacarpal bones; interossei muscles.

Branches.—Recurrent.—Pass upwards in front of wrist joint to join the anterior carpal arteries.

Perforating.—To the dorsum of the hand passing *between* the heads of the three inner interosseous muscles.

Interosseous.—Run on the palmar interosseous muscles to the root of the fingers and anastomose with the digital arteries of the superficial arch.

Examination Questions.

THE ROYAL UNIVERSITY OF IRELAND.

MEDICAL EXAMINATIONS.—SPRING 1885.

M.B. Degree Examination (Pass).

Anatomy.—(Examiners, Professor Nixon, M.B., Professor Pye, M.D., Professor Redfern, M.D.) 1. Describe fully the iris and trace the course and distribution of the vessels and nerves in connection with it. 2. What gyri and sulci are met with on the mesial and tentorial surfaces of the cerebral hemisphere. 3. A demonstration (by dissection) of the entire course of the gustatory branch of the fifth cranial nerves is required. How is it to be done? 4. Write an account of the blood vessels and lymphatics of the testis. 5. Give a careful account of the fibro-cartilages of the temporo-maxillary, sternoclavicular, radiocarpal and knee joints, including their attachments and changes of position and uses. 6. State the arrangements by which the testis are protected from injury, their positions, and relations to each other, to the epididymis and trunca vaginalis.

Physiology.—(Examiners, Professors Charles and Coppinger.) 1. What are the microscopical characters of lymphoid tissue? Mention its distribution in the body and its function. 2. Give a full description of the blood and lymph vessels of the spleen. 3. Describe the muscular coat of the stomach and the movements which take place in that viscus during digestion. How are these movements caused, and by what means have they been experimentally investigated? 4. Describe the osseous labyrinth. 5. Give a detailed account of the respiratory changes in the tissues. 6. Describe the development of the heart and large veins.

Surgery.—(Examiners, Mr. Corley and Mr. Hayes.) 1. Write a complete description of blepharitis or ophthalmia tarsi, its effect and treatment. 2. Describe from a pathological point of view, the development of abscesses known as Acute, Residual Disseminated. 3. You are required to perform tracheotomy in a case of croup. Describe the operation. Mention the dangers to be avoided during its performance, and give full details respecting after treatment. 4. What complications or sequelae of scarlatina may require surgical

interference? Describe one of these with its dangers and its treatment in detail. 5. Enumerate the lesions of the nervous system due to syphilis. Describe any well marked example. 6. Describe the most common form of hip joint dislocation.

Medicine.—(Examiners, B. G. McDowell, M.D., S. M. MacSwiney, M.D.) 1. Detail the different modes in which an aneurism of the arch of the aorta may cause death. 2. Describe laryngismus stridulus, giving its symptoms fully and mentioning its appropriate treatment. 3. Enumerate the pathological appearances present in the brain and membranes, in cases of acute tubercular meningitis. 4. Give the forms, causes and symptoms of paralysis of the portio dura nerve (Bell's Paralysis). Supply the points of distinction between this lesion and the facial paralysis observed in hemiplegia. 5. Enumerate the displacements to which the heart is liable, and mention the various morbid changes by which such displacements are produced. 6. Give the various causes of hemiplegia. Distinguish and describe those in which recovery from paralysis is (a) complete or (b) partial, and those in which the loss of power is permanent. 7. The symptoms attending the arrest of a gallstone in the duct. What may such a case be mistaken for? Its treatment, immediate and prophylactic. 8. Enumerate the various morbid conditions which produce enlargement of the spleen. State the import of such as affecting life, or as being amenable to treatment.

NOTICE.

In our next issue we hope to publish a valuable paper, by Dr. J. Milner Fothergill, Physician to the City of London Hospital for Diseases of the Chest, on "The Rational Examination of the Chest."

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, MAY 16, 1885.

EDITORIAL AND PERSONAL.

THE question of reforming the Royal College of Surgeons of England still continues to occupy the principal attention of its fellows and members, who, since the pronounced insult offered them by the Council of the College, have been carefully considering the advisability and possibility of acting jointly with the object of wresting a recognition of their rights from the Council. To this end, a conference is to be held between the Associations of Fellows, and of Members, with a view to arranging a basis for combination: and there is little fear but that a satisfactory agreement will be arrived at. The latest achievement of the common enemy of the associations—that is, of the College Council—has done more to influence the reform movement than any scheme that could be devised. It will be remembered that the Council, in the most insolent fashion, rejected every important alteration proposed to it by the two associations referred to, and announced its determination to seek a new charter, drawn on its own

lines of exclusiveness and oligarchism. Now the battlefield is changed from the College to the office of the Home Secretary, and the forces arranged against one another are, on one side, twenty-four fellows of the College, constituting the Council, and on the other, twelve hundred fellows and eighteen thousand members of the College, demanding reforms refused to them by the handful of place-holders and place-seekers, who dare to arrogate to themselves, and are struggling to retain, absolute control over the vast body of the College generally.

SIR W. G. Hunter, late of the Bombay Medical Service, and Dr. R. Thomas Thorne, the Assistant Medical Officer of the Local Government Board, started for Rome on Saturday, to represent England on the International Sanitary Conference.

SURGEON General Sir Anthony Home, V.C., who recently relinquished the position of Principal Medical Officer to the troops in India, has been selected for a similar appointment to the troops stationed in the Southern District at Portsmouth.

THE address with which Professor Humphry, of Cambridge, indulged the members of the Medical Society of London last week, was a most excellent and instructive series of deductions from facts observed relating to old age. Not long ago Dr. Humphry suggested a collective investigation concerning the facts discoverable in connection with longevity; and his recent lecture was, in reality, a consideration of the data already collected as a result of this enquiry. Philosophical the address was, of necessity, for this characteristic marks all the careful utterances of the Cambridge Professor; and it was instructive in the highest degree. It scarcely, however, adds anything really new to our knowledge, although it unquestionably emphasizes a good deal that has but a shadowy meaning in its present ill understood condition. As a whole the address indicates the possibility of a more general distribution of aged persons among us as civilisation advances and a better state prevails.

FRIENDS of the late Mr. Peter Squire will be interested to know that the unveiling of a medallion portrait of him will take place at the Pharmaceutical Society's House, 17, Bloomsbury-square, W.C., on Wednesday, May 20th, at 4 p.m., by Sir Spencer Wells, Bart. Cards of admission may be obtained from the Secretary, 17, Bloomsbury-square. Any medical practitioner will be admitted, with a lady, on presentation of his address card.

THE late Miss Margaret Watt, of 19, Collins Place, Edinburgh, has left the following legacies (free of legacy-duty and the expense of discharging her estate) to medical charities in Edinburgh:—Edinburgh Royal Infirmary, £300; Eye Dispensary, £100; Hospital for Incurables, £100; Sick Children's Hospital, £100.—By the will of Mr. William Belford, Barossa Place, Perth, the following bequests have been made:—Perth Infirmary, £300; Home for Incurables, £100; Destitute Sick Society, £50.—To the

Greenock Eye Infirmary, £250 has been bequeathed by the late Mr. Kenneth McCaskhill, and to the Greenock Infirmary, £1,000.

THE Canadian correspondent of the *Liverpool Journal of Commerce*, says two suspicious looking earthen jars adorn the office of General Superintendent Egan. They contain water from a sulphur spring recently discovered in the mountains near Banff, a station on the Canadian Pacific. A vast volume of escaping vapour led to the discovery of the spring, which is fully one thousand feet above the level of the ground. The average temperature of the water is 70 degrees, and it is strongly impregnated with sulphur. Some distance back of this spring is another, in which the water has a temperature of 204 degrees, and is thereby entirely too warm to admit of one's bathing in it. The first-mentioned spring is about thirty feet under the ground, and is reached by a ladder through an aperture dug by some curiously inclined individual. Having been greatly benefited by frequent baths, the discoverer made known the fact, and already numbers of people have taken advantage of the wonderful medicinal properties of the water with surprising beneficial results. In fact, some enthusiasts declare that a rival has been found for hot springs, and if, as alleged, the water has such curative powers, an opportunity presents itself for some enterprising speculator to enrich himself by erecting a sanitarium.

THE attendants at the Small-pox Hospital, Crewe, were startled on Saturday by a knock at the door, and an application for admission by a man who declared he was suffering from small-pox. On medical examination his statement was found quite correct. He became delirious, but on recovering said he felt the disease upon him, and, packing up his clothes, walked from his home straight to the hospital.

THE *British Medical Journal* regrets to hear, on good authority, that Professor Huxley, feeling the weight of long years of arduous intellectual labour, is, under the advice of his friends, about to withdraw from many of his most active employments, in order to recruit his strength by a prolonged period of rest.

THE General Medical Council is once more at work—if this is the correct name to apply to its deliberations—having been called together on Tuesday last. Why this particular time has been chosen for the assembly, no one seems able to discover, and a good deal of ingenuity is required to imagine what subjects can be started for debate among the members of the Medical Parliament. One rumour, however, deserves consideration—it is, that a part of the work of the Council will be to discuss what steps it should take now that its accumulated capital has attained proportions so considerable as those it possesses at present; and it is hinted that the registration fee is likely to be reduced to £3. This would be a very right and proper proceeding, for, inasmuch as registration really confers no valuable privilege, the present cost of it is excessive, and any reduction of the amount will be hailed as a welcome relief to

the commencing practitioner. Perhaps the Council may yet do a sensible thing, and if it is at all possible for it to do so, we trust it will not lightly disregard the opportunity it now enjoys of a little bit of reasonable legislation.

WE regret to have this day to announce the death of Doctor John Neill, Resident Surgeon of Steeven's Hospital, from the results of a cut which he accidentally received while making an anatomical dissection. The deceased gentleman was a great favourite with the large body of students in connection with Steeven's Hospital and the Ledwich School of Medicine, and, in fact, with the profession at large; and by his upright, quiet, and unobtrusive manner, won the esteem of all who had the pleasure of knowing him. He was twenty-six years of age, was a gold medallist of the School of Medicine and Surgery in Steeven's Hospital, and Demonstrator of Anatomy in the Ledwich School of Medicine, Peter Street, Dublin.

University, College, and Hospital Intelligence.

GUY'S HOSPITAL.

THE CRICKET CLUB.—The annual general meeting of the cricket club was held on Tuesday, May 12th. In the absence of the President, A. E. Durham, Esq., F.R.C.S., Mr. W. S. Brown was elected to the chair. The secretary's report showed 22 matches arranged, 17 won, three drawn and two lost, and that the eleven were fortunate enough to win the cup, beating each of their opponents by over an innings. The average bat went to Mr. C. D. H. Rygate, the average balls to Messrs. Cruickshank and Rygate. There was a balance in hand of £3 odd. The election of officers then took place, with the following result. Captain, Mr. Wacker; vice-captain, Mr. W. J. Scott; hon. sec., Mr. J. D. Cruickshank; treasurer, Mr. W. S. Brown. Committee, Messrs. Lee, Horsant, R. Creasy, Beard, Marriott, Taylor, Russell, Hicks, Aikin, and Mitchell. After one or two alterations in the rules, the meeting terminated with a vote of thanks to the chair.

LIVERPOOL.

UNIVERSITY COLLEGE.—At the last meeting of the Council, the gratifying announcement was made that Mrs. Sheridan Muspratt had offered the munificent gift of £1,500 for the endowment of a scholarship or scholarships in furtherance of the study of chemistry, and in commemoration of her late husband, Dr. Sheridan Muspratt.

LONDON UNIVERSITY.

The ceremony of the presentation of diplomas, exhibitions, scholarships, medals, and prizes to undergraduates and graduates of the University of London attracted a large assemblage on Wednesday, and the theatre of the University building in Burlington Gardens was crowded. In the absence of Lord Granville, the Chancellor of the University, the chair was taken by the Vice-Chancellor (Sir James Paget), who was supported by Lord Sherbrooke, Lord Acton, Lord Arthur Russell, Sir John Lubbock, M.P., Dr. Carpenter, Sir William Gull, Dr. John Storrar, late chairman of the Convocation of London University, and others. The proceedings were opened by the Registrar reading a report of the examinations held during the academical year, after which such of the undergraduates as had obtained exhibitions, medals, and prizes were presented and received these distinctions at the hands of the Vice-Chancellor. The graduates who had passed in the several faculties were then presented, and received their diplomas. Finally, the scholarships, medals, and prizes were presented.

UNIVERSITY COLLEGE HOSPITAL.

THE ANNUAL FESTIVAL.—The Prince of Wales presided on Wednesday evening at a festival dinner, given in aid of the funds of this Hospital, at the Langham Hotel, when among those present were the Earl of Kimberley, Field Marshal Lord Napier of Magdala, the Marquis of Hamilton, General Sir Dighton Probyn, V.C., and Lord Byron. The Prince of Wales proposed the toast of the evening, "Prosperity to University College Hospital." After referring to the magnitude of the work performed by this institution, his Royal Highness said that not only was the enlargement of this important hospital urgently needed, but it was considered that it would be an imperative duty before long entirely to rebuild it. It had been continually urged by the medical staff that this step should be taken, but, unfortunately, want of funds had proved an insuperable obstacle. During last year patients from all parts of the metropolis, and many from all parts of the United Kingdom had been received, to the number of 3,152 in-patients, as against 2,849 in the previous year; while the out-patients were 33,743, as compared with 24,187 in 1883. Unfortunately, the annual subscriptions to the hospital were very small, amounting only to £2,047, while the necessary annual expenditure was £19,500, and the only reliable income it received from all sources was £6,500. He felt proud to occupy a chair which had so many times been occupied by members of his family. He should feel prouder still if increased subscriptions were given that night in support of an institution which was doing a work essential not only to the welfare of the people of this great metropolis, but of those in all parts of the United Kingdom. Subscriptions, including 100 guineas from his Royal Highness, were read by Mr. Newton H. Nixon, the secretary, amounting in all to over £5,000.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College on the 30th ult., the 1st inst., and the 4th inst, viz.:—Messrs. Frederick O. Stedman, L.S.A., and Henry Fooks, L.S.A., Charing Cross Hospital; Leonard J. Willan, L.S.A., and Jenkyn Lewis, L.S.A., London Hospital; Charles K. Ackland, L.S.A., King's College; Ernest E. Gould, L.S.A., William H. F. Farmer, and Adam W. T. Steer, L.R.C.P.L., St. Bartholomew's Hospital; Charles W. de Gruchy, L.R.C.P.L., St. Thomas's Hospital; Henry J. W. Martin, L.S.A., University College Hospital; Patrick Hehir, L.R.C.P.Ed., University of Edinburgh; William F. Tronson, L.S.A., Guy's Hospital; George A. E. Roberts, L.S.A., Middlesex Hospital; Henry W. Godfrey, M.B., London Hospital; Frank J. Wethered, L.S.A., Bristol School of Medicine; Henry P. G. Elkington, St. George's Hospital; James R. G. Chick-Lucas, and Frank Postlethwaite, St. Bartholomew's Hospital; Charles J. Lewis, University of Edinburgh; John Q. Bown, L.R.C.P.L., St. Mary's Hospital; and Frederick Lever, Guy's Hospital. Nineteen candidates, who passed in surgery at previous meetings of the Court, having subsequently obtained medical qualifications, were admitted members of the College, viz.:—Messrs. Richard Pinhorn, L.R.C.P.L., St. George's Hospital; James Pietersen, L.R.C.P.L., St. Thomas's Hospital; Herbert Howard, L.R.C.P.L., Alfred Sutton, L.S.A., and William J. Lee, L.R.C.P.L., Guy's Hospital; John T. Smith, L.S.A., Manchester School of Medicine; Samuel L. Clift, L.R.C.P.L., University College Hospital; George W. Richards, M.B., Newcastle School of Medicine; John S. Curgenven, L.S.A., St. Bartholomew's Hospital; Edward D. Ritchie, L.S.A., University of Cambridge; Henry C. Parsons, George C. Henderson, Frank Woods, and Walter F. Moore, St. Bartholomew's Hospital; Charles M. Fegen, Francis H. Pott, and Donald M. Ellis, St. George's Hospital; Herbert D. Harthan, Manchester School of Medicine; and Albert E. A. Pearson, Leeds School of Medicine. The following gentlemen were admitted members on the 5th and 6th inst., viz.:—Messrs. George H. Scott, Leeds School of Medicine; Frederic Beard, B.A.Cantab., and Alfred E. Price, Guy's Hospital; Thomas Calrow, Manchester School of Medicine; Herbert M.

Ramsay, Herbert W. Austin, Joseph J. G. Fritchard, and Thomas S. Tuke, St. Bartholomew's Hospital; George A. Pratt, University College Hospital; Habeeb Jabboor, London Hospital; Arthur Jervis, St. George's Hospital; Reginald R. Whiahaw, University of Cambridge; Edmund F. Bindles, and James Calvert, St. Bartholomew's Hospital; Percy O. W. Hailey, and Albert Green, Guy's Hospital; George F. Smith, and Philip M. Scatchell, St. George's Hospital; Robert C. G. Dill, B.A.Cantab., University of Cambridge; Francis H. Knaggs, University of Edinburgh; George Bent, St. Thomas's Hospital; and Charles T. Dornford, King's College. Seven candidates, who had been previously qualified in surgery, having passed in medicine and midwifery, were admitted members, viz.:—Messrs. George C. Helps, Bristol School of Medicine; William S. Richmond, St. Bartholomew's Hospital; Harry F. Wyld, Manchester School of Medicine; John S. F. Clark, St. Mary's Hospital; George Y. Eales, St. George's Hospital; East Apthorpe, Guy's Hospital; and Robert Podmore, St. Thomas's Hospital. Two hundred and fifty-one candidates presented themselves for the examination just concluded, out of which number 93 failed to pass.

VACANCIES.—The following vacancies are announced. **East and Colchester Hospital.** House Surgeon and Apothecary. Salary £100 per annum. Applications by May 21st.—**Friendly Societies' Medical Alliance.** Resident Medical Officer for the Walsall Friendly Societies' Medical Association. Salary, £15 per annum. Applications to Mr. Geo. Abbott, 9, St. James Row, Sheffield.—**Fulham Union Infirmary.** Assistant Medical Superintendent and Dispenser. Salary, £100 per annum. Applications by May 25th.—**Kidderminster Friendly Societies' Medical Association.** Resident Medical Officer. Salary, £220 per annum. Applications to W. Holloway, 5, Plimsoll Street.—**London Hospital, Whitechapel, E.** Assistant Obstetric Physician. Applications by May 18th.—**Parochial Board of Stronsay.** Medical Officer and Public Vaccinator. Salary, £70 per annum. Applications to Mr. Learmonth, Inspector of Poor, Stronsay, Orkney, by June 4th.—**Plymouth Public Dispensary.** Second Honorary Physician. Applications by June 8th.—**Royal Berks Hospital, Reading.** Senior Physician. Applications by May 23rd.—**Staffordshire General Infirmary.** House Surgeon and Secretary. Salary, £100 per annum. Applications by May 19th.—**St. Bartholomew's Hospital.** Two Casualty Physicians. Applications by June 5th.

APPOINTMENTS.—C. F. Bailey, M.B. Lond., M.R.C.S. Eng., appointed House Physician to the West London Hospital.—Alexander Harper, M.B. Durham, M.R.C.S. Eng., appointed House-Surgeon to the West London Hospital.—William L. W. Marshall, M.R.C.S. Eng., L.S.A. Lond., appointed Junior House-Surgeon to the Huddersfield Infirmary.—T. S. Short, M.R.C.S., L.S.A., appointed Medical Censor to King's College, London.—Frederick A. Warner, M.R.C.S. Eng., I.S.A., appointed House-Surgeon to the West London Hospital.

Correspondence.

MEDICAL ADVERTISING IN SCOTLAND.

To the Editor of the HOSPITAL GAZETTE.

SIR,—The following advertisements are taken from one of the Glasgow daily newspapers, and they once more illustrate the extreme difficulty, if not the impossibility, of unravelling the mysteries of professional etiquette:—

"Interesting to gentlemen.—I, Dr. Daniel Sutherland, surgeon at the New Medical Hall, 243, Sauchiehall-street, Glasgow, hereby intimate to all whom it may concern, that I have long studied and treated confidential complaints and weaknesses as a principal part of my practice, both here and in Edinburgh, though never formerly made known by advertisement, and it is possible this notice may be construed as a breach of professional etiquette; but I think it is very pardonable when I consider the number of gentlemen constantly consulting me with their constitutions injured, and complaints aggravated, after being for months and years the dupe of quacks and druggists. I consider it a righteous necessity in the public interest to advertise the fact that a member of the profession proper devotes his time to the study and treatment of these special complaints. Gentlemen are, therefore,

inexcusable if they fall into the hands of empirical pretenders. I make free to assure gentlemen entrusting me with their confidence that they may rely upon the highest professional honour, and skilled conscientious treatment, whether they visit me at 243, Sauchiehall-street, Glasgow, or communicate with me by letter, which will have my immediate attention.—I am, faithfully, DANIEL SUTHERLAND, Licentiate of the Royal College of Physicians, Licentiate of the Royal College of Surgeons, also of the Faculty of Physicians and Surgeons. For seven years Councillor and Trustee of the City of Edinburgh, and Manager of the Royal Maternity Hospital, Edinburgh; President of the Scottish Christians' Evidence Society; Medallist Royal College Surgeons, Edinburgh 1867; awarded Queen's Prize (Science of Chemistry) Kensington Museum, 1868; Public Honours (Royal College of Surgeons), 1869, &c., &c."

"Y.M.C.A. (Partick section).—Social purity lecture to men, by Dr. W. L. REID, in Dowanhill U.P. Church, on Sabbath first, at 7 p.m. Rev. T. M. Lawrie in the chair."

The one emanates from an ornament of the Glasgow Faculty and of the Edinburgh colleges, who has elected to step outside the path of the profession, and the other from a gentleman who holds important professional positions in Glasgow, and belongs to the vestal virgins of the profession in that city, who seem to have adopted for their motto the expression of Molière—"Nul n'aura de l'esprit hors nous et nos amis." It is difficult, however, for one to say which public announcement is in the better taste. Dr. Reid seems to have somewhat of a *penchant* towards the enlightenment of the multitude on sexual matters. Last year, under the auspices of the "Christian Young Men's Association," he delivered a lecture on Gynecological Matters "to ladies only," which was no sooner delivered and curiosity thus excited among young people, and men especially, than it was published in tract form and sold for the small sum of one penny to whomsoever thought fit to purchase it. This year he performs a complete change of front, and it is not at all unlikely, if this lecture is to be published according to custom, that the prurient female mind will on this occasion be excited. In no profession or calling whatever is it more difficult to postulate what is and what is not justifiable advertising; but of this there is no doubt, that in the medical profession, what is in the general highly commendable, seems to be, in the subaltern, rank hypocrisy; and we are often much amused with the innocence of young practitioners who write to the medical journals asking advice as to what constitutes professional conduct on the most paltry subjects, as if there could be in the medical, or any other calling, any code of honour, save that which restrains and guides every educated and honourable man. But not content with the announcement of his lectures in the newspapers, we are credibly informed that a leaflet intimating this lecture on "Social Purity to men," with the name of the lecturer in very large type, was distributed throughout Partick. We do not for a moment insinuate that this was done at Dr. Reid's instigation, but if by his friends he surely suffers in the proverbial manner at their hands. There are few assaults more destructive to religion in Scotland than the well merited and unanswerable taunt that it is the strongest spoke in the wheel of business. In these sexual prelections of a public nature Dr. Reid appears on two occasions under the ægis of religion, and there is a high sense of Scotch orthodoxy, exhibited in the preference for "Sabbath." It is noteworthy that Dr. Sutherland is also "President of the Scottish Christians' Evidence Society!" This is but one of the many phases of professional advertising in Scotland. Space will not permit me to refer to the blatant advertising in connection with the "Ambulance" movement; the stumping of the country by specialists lecturing on their specialities (always to Christian Young Men's Associations); and the manifestations of genius brought widely and conspicuously before the public in connection with new, or modifications of old, instruments, such as forceps, syringes, *et hoc genus omne*. To sneer at or denounce such things is simply to court a smile and to be informed that you live under the old and not the new dispensation. It is quite possible that science may still be cultivated in Scotland, and professional honour observed, but these are eclipsed by the diligent cultivation of the *savoir faire*.

I am, Sir, Yours etc.

A GLASGOW PRACTITIONER.

Athletics.

UNIVERSITY OF DURHAM ATHLETIC SPORTS.—The Annual Athletic Sports of the University were held on the Racecourse at Durham, on Thursday last, May 7th, 1885. Unfortunately rain and sleet began to fall in the morning, rendering the ground rather precarious for athletics, and continuing with short intervals during the whole of the afternoon. Notwithstanding the unfavourable weather, a very large and fashionable attendance was present to witness the sports. J. G. Wilson, Esq., of Durham, officiated as starter, whilst J. Ormsby, Esq., W. K. Hilton, Esq., and W. F. Blaxter, Esq. were the judges. A commencement was made at 1.15 with—1. *Throwing the Cricket Ball*.—One Prize.—W. B. Tracy (Durham) 1. 87yds. 2ft. 6in. J. M. Lazenby (Medical Coll.) 2. 84yds. 2. *Hundred Yards Flat Race (Scratch)*.—Two Prizes.—R. S. Ferguson (Durham) 1. C. H. Stoker (Durham) 2. N. Raw 0. J. Bryant 0. A. J. Sacre 0. The men set off to a good start, and Ferguson taking the lead, ran a splendid race, winning by half a yard, the others close up. Time 10 1-5 secs. 3. *High Jump*.—One Prize.—J. M. Lazenby (Medical) 1. H. T. Platt (Medical) 2. B. G. Sumpter (Medical) 0. J. F. Stephenson (Durham) 0. The winner cleared 4ft. 8½in., 1½ inches more than any other competitor. 4. *Quarter Mile (Scratch)*.—Two Prizes.—A. R. Wilson (Durham) 1. B. G. Sumpter (Medical) 2. R. S. Ferguson 3. E. Farmer 4. Wilson immediately took the lead, and running splendidly, the popular captain of the Varsity 15 won by three yards, a similar distance between second and third. Time 58 seconds. 5. *Putting the Weight (16lbs.)*.—One Prize.—J. M. Lazenby (Medical) 1. J. W. Danbury 2. N. Raw (Medical) 0. A. Davidson 0. The winner covered 37ft. 8½in., 3ft. ahead of his opponents. 6. *Hundred Yards Handicap*.—Two Prizes.—A. J. Hopper (Medical), 6yds., 1. G. B. Moss (Durham), 5yds. 2. N. Raw (Medical) 3. E. Farmer 0. A. H. Ford 0. Hopper got a bad start, but running gamely, past his men 10 yards from home, and won by half a yard, the rest close up. Time 10 1-5 secs. 7. *Long Jump*.—One Prize.—B. G. Sumpter (Medical) 1. H. T. Platt (Medical) 2. J. M. Lazenby (Medical) 3. N. Raw (Medical) 4. C. H. Stoker (Durham) 0. The winner cleared 18ft. 8in., his nearest opponent clearing 17ft. 8in. 8. *Quarter Mile Handicap*.—Two Prizes.—A. R. Wilson (Scratch) (Durham) 1. A. H. Ford (Durham) 2. A. J. Hopper 3. W. L. Stubbs 0. Ford went off with the lead, but Wilson, gaining quickly, won by 2yds. Time 57secs. 9. *Hurdles*.—Two Prizes.—Heat 1. A. H. Ford beat E. Farmer. Heat 2. H. T. Platt beat B. G. Sumpter. Heat 3. C. H. Stoker beat H. C. Knight. Heat 4. J. M. Lazenby walked over. *Ties*.—Heat 1. H. T. Platt beat A. H. Ford. Heat 2. C. H. Stoker beat J. M. Lazenby. *Final Heat*. H. T. Platt (Medical) beat C. H. Stoker (Durham) and won. A. H. Ford ran Stoker for second and won. 10. *The Mile*.—Two Prizes.—W. B. Tracy 1. J. W. Melville 2. H. C. Knight 3. Time 5mn. 20secs. 11. *Steeple chase*.—Three Prizes.—Crossing the river twice.—A. R. Wilson 1. J. W. Melville 2. H. C. Knight 3. J. W. Davidson 0. E. Farmer 0. Won easily. 12. *Consolation Race*.—N. Raw (Medical). At the finish, Mrs. Plummer, the lady of the principal of University College, presented the prizes to the successful competitors.

Notices of Books.

WARNER'S GUIDE TO CLINICAL MEDICINE.*

This capital little work has, we are pleased to learn, been so well received by students as to necessitate the publication of a second edition, and the author has embraced the opportunity of making some excellent additions, and noting all the important points to which a student's attention should be directed in the medical wards of a hospital, whether for children or for adults. Few students can make much progress in the clinical study of disease without a guide, and, failing a good clinical

*"The Student's Guide to Clinical Medicine and Case-Taking," by Francis Warner, M.D. Lond., F.R.C.P., Assistant-Physician, lecturer on Botany and late Medical Registrar to the London Hospital, &c. Second Edition. London, J. and A. Churchill, New Burlington Street.

tutor, some such work as Dr. Warner's is absolutely necessary, if the student is to apply the theoretical knowledge which he acquires in the lecture theatre and the observations which he may make in the *post-mortem* room. Here are instructions for case-taking methods of examination of the various organs of the body, the excretions, &c., and the signs and symptoms, systematically grouped, of all the diseases which one is likely to meet with in practice. We have, no doubt, that Dr. Warner's handy and well-written little guide, will continue to be the constant ward companion of those students who wish to make themselves proficient in case-taking and diagnosis.

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THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

NEW LOCAL SECRETARIES.—Mr. Frank Tweedie has been appointed Local Secretary for the Belfast College of Medicine, Mr. Thomas Henning for Galway, and Mr. W. Fingland, Additional Local Secretary for the Liverpool College.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. C. E. Armand Semple, London; Dr. Maybury, London; Dr. J. Brindley James, London; Mr. W. Fingland, Liverpool; Mr. A. W. Kerr, Bishop Auckland; Mr. F. Mandel, Curragh Camp; Mr. J. W. Hargreaves, Haslingden; Mr. N. Raw, Newcastle-on-Tyne; The Secretary of the Pharmaceutical Society; Mr. Henry Buxton, Liverpool; Mr. G. F. Le Gresley-Cox, Jersey; Mr. Ballmann Squire, London; Mr. Beamish, Nottingham; Mr. H. Wilkinson, Leeds; Mr. A. R. F. Evershed, Guy's Hospital; Mr. J. Lloyd Thomas Jones, St. Bartholomew's Hospital; Mr. Thomas Ledlie, Newry, &c., &c.

BOOKS, PAPERS, &c., RECEIVED.—Johnston's Students' Atlas of Bones and Ligaments, by Charles W. Cathcart, M.A., M.B., F.R.C.S. Eng. and Edin., and F. M. Caird, M.B., F.R.S.S. Edin., Senior Assistant, Surgical Department, University of Edinburgh. Edinburgh and London: W. and A. K. Johnston—Text-Book of General Botany, by Dr. W. J. Behrens, translated from second German edition, and revised by Patrick Geddes, F.R.S.E., Demonstrator of Botany in the University of Edinburgh. Edinburgh: Young J. Pentland—On Some Common Injuries to Limbs, by Edward Cotterell, M.R.C.S., L.R.C.P. Lond., formerly House Surgeon to University College Hospital. London: H. K. Lewis, Gower Street—Practical Organic Analysis, by G. E. R. Ellis, of University College, London, &c. London: Longmans, Green, and Co.—Medical Times—British Medical Journal—Medical Press—New York Medical Record, &c., &c.

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WEDNESDAY -	St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—Middlesex, 1 p.m.—University College, 2 p.m.—London, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Great Northern Central, 2 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's, 1.30 p.m.
THURSDAY - -	St. George's, 1 p.m.—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—Chelsea Hospital for Women, 2 p.m.
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Notes by the May.

On Tuesday night St. Mary's Hospital had a narrow escape from destruction by fire. Smoke and flames were seen issuing from the top floor, but with commendable promptitude, those in the hospital got the deliveries from one of the hydrants which are fitted upon the establishment into operation, and when the engines of the Metropolitan Fire Brigade arrived, the fire was completely extinguished. That the outbreak should have been so promptly extinguished proves the value of keeping fire extinguishing apparatus in working order in hospitals and buildings for sick and infirm people. No doubt the promptness with which this fire was put out prevented many lives from being sacrificed.

At the festival dinner of King's College Hospital, held a few days ago, under the presidency of H.R.H. the Duke of Cambridge, it was announced that there was a deficit of £6,668 on the hospital, a result largely due, no doubt, to the long-continued depression in trade. After the dinner, subscriptions were announced to the amount of £2,229.

THE House of Lords, with a more just appreciation of students' rights than the House of Commons, has decided to give the undergraduates of Oxford and Cambridge in residence, of full age, the privilege of voting for members of Parliament. The Liberals, who usually claim to have such a nice regard for the rights of the people, successfully opposed this measure of justice, fearing, no doubt, that those who have sense enough to form a proper estimate of men and measures would not be found among the supporters of modern Radicalism.

ANOTHER improvement, due to the action of the Lords, is the striking out of the clause in the English Registration Bill, which provided that medical or surgical assistance, or the giving of medicine, should not be deemed to constitute parochial relief, within the meaning of the Representation of the People Act, so as to disqualify for voting. Already parochial medical relief is grossly abused by persons who can well afford to pay for medical attendance, and it would be a wanton encouragement to these worst-of-all paupers if they were permitted to obtain the services of the parish doctor at all times, without losing their privileges as voters. In Ireland the obtaining of medical relief do not disqualify voters, but in that country the social conditions are of a very different order; neither is the club doctor such a universal institution as in England.

In a London letter in the *Chicago Medical Review* occurs the following account of Sir Andrew Clarke:—"Sir Andrew is certainly one of the most remarkable men of the day. He is admitted on all sides to have the largest consulting practice in London, and yet, on retiring from the presidency of the Clinical Society, which he had held for the customary two years, he was able to boast that he had not missed a

single meeting either of the society or its council. He begins work at eight every morning, and from that hour until three he sits in his consulting-room seeing patients; he never makes any appointments for consultation out of doors until the latter hour. He gets home between nine and ten at night, when he dines, a thing he would not allow any of his patients to do under any consideration. For many years he has been living this sort of life, and yet shows no signs that this hard work is telling upon him. This is the more remarkable, seeing that in the early part of his professional career, he had on at least two occasions, very severe hemoptysis, and was supposed could not possibly live in London. The secret of his success is, I believe, his attention to details. In consultation he makes it a rule to examine every patient thoroughly, even when the diagnosis is obvious and certain, and he is most particular in his instructions as to diet. He also writes out a diet list for every patient; in this way his patients are made to feel that he takes a deeper interest, and has a better insight into their disease than other physicians, and, as a result, they obey him and get well."

THE Academy of Medicine of Paris has just done great honour to British Medicine by awarding a prize to Dr. Murrell, physician to Westminster Hospital, for the discovery of nitro-glycerine as a remedy in angina pectoris. The application of this extraordinary combination for the much-dreaded affection was a happy hit, and Dr. Murrell is to be congratulated on the result.

THE New York faculty are much upset at the perversion of General Grant in continuing to live after having been given up as a "gone coon," and it is rumoured they regard him as a "hopeless" case. It is to be hoped that our New York brethren will not be too depressed by the unexpected turn in the General's condition; such little errors in prognosis have often been made on this side of the Atlantic.

A few days ago the Bolton coroner and a jury held an enquiry concerning the death of the wife of an "engine tender," who died during child-birth. The poor woman was in labour, and in dire straits, and the husband rushed for a doctor. The first he summoned declined to attend unless a cab was brought to convey him to the patient's house. The next doctor refused to attend without his fee was forthcoming. Later on, this doctor went to the house, only to find that the wretched woman was dead. It is a great pity that medical aid was not obtained earlier, as it is probable life might have been saved. Doctors are very much imposed upon, but it is as well that we should sometimes permit ourselves to be victimised rather than know that life has been needlessly sacrificed.

DR. FERRAN, the Spanish physician, who recently introduced inoculation for cholera, has sent a telegram to Dr. Cameron, M.P., giving the results up to date of a great test experiment now being conducted by him at Alcira, a town near Valencia, where cholera

is raging. According to Dr. Ferran's telegram, the population of Alcira is 16,000, and since the first of the present month 5,432 of its inhabitants have been inoculated with his protective *virus*. That would leave the number of those not inoculated about 10,500; or, accepting 16,000 as an exact figure, precisely 10,568. Of the 10,500 persons who are not inoculated, cholera has attacked 64, and proved fatal to 30. Of the 5,432 who have been inoculated, it has, according to Dr. Ferran, attacked only 7, and proved fatal in no single case. In other words, since the commencement of the experiment on May 1st, one person out of every 163 has been attacked among the uninoculated population, and one person in every 352 has died of cholera; while among the inoculated population only one person in 776 has been attacked, and not a single person in the entire 5,432 has died of the disease. Dr. Ferran concludes his telegram by expressing the desire that a British Commission should be sent to Alcira to verify these results, and, in view of their very startling and important nature, he trusts that either her Majesty's Government or some of our great scientific and medical associations may see their way to comply with this request.

The members of the General Medical Council are much troubled on account of the large accumulation of funds now standing to their credit at the bank, and are anxious to find some legitimate method of getting rid of some of the stock, besides fees to themselves, and the ordinary outlets. I would suggest that they grant a few hundreds of pounds to the Council of the Medical Defence Association, to enable that body to prosecute quacks of all description throughout the country, a work which ought to be done by the General Medical Council.

At Bradford, a few days ago, the West Riding magistrates fined Mr. Jas. M'Nulty, chemist, Shipley, £5 for an offence under the Food and Drugs Act. Superintendent Symonds procured a medical prescription, which the defendant dispensed. The mixture was analysed, and found to contain 36 instead of 120 grains of iodide of potassium. The defendant submitted that the mixture was too strong, and that he reduced it in exercise of his discretion—an act which, the Chairman observed, might have cost the patient his life. It is as well that chemists should know that they cannot tamper with physicians' prescriptions just as their conceit, ignorance, and greed dictate. There are two many chemists who, more with a view to extra profit, than the welfare of the patient, when called upon to prepare mixtures containing quinine, morphia, iodide of potassium, and other expensive drugs, think the dose prescribed by the physician is far too strong, and either reduce the quantities, or substitute some other and less potent—and cheaper—drug. The knowledge of this fact prevents many doctors from handing over the dispensing of their prescriptions to the chemist. Doctors who send out their own medicines may always rest assured that their patients are taking the medicine they wish them to take.

PERIPATETICUS.

THE RATIONAL EXAMINATION OF THE CHEST.

By J. MILNER FOTHERGILL, M.D.,

(Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.)

THE above title must not suggest the idea that irrational methods of examining the chest are in vogue. It is meant to suggest those points where observation involves reflection on what is noted. "But," exclaims the reader, "who observes without reflecting?" Certainly not you, I am sure, but others perhaps may; and it has fallen to my lot to meet men, and men not lacking in natural intelligence either, who could make a series of observations, and yet not be able to weld them together into a diagnosis. Now the aim here is to point out some matters on which sufficient insistence is not laid in ordinary British hospital teaching—in the writer's opinion.

The usual matter, at a chest hospital at least, is to assume that the patient is the subject of some thoracic disease. The assumption is often gratuitous, half the cases are dyspepsia, and a cockney-woman's "chest" certainly extends to her navel. It is assumed that the examination has got the length of determining from the patient's complaint of pain, or of cough, or of shortness of breath, that there is something wrong with the chest—and such preliminary "sighting shots" are always desirable—what next must be done? "Strip the patient, and examine the chest, to be sure!" Pardon me, my young reader, that is excellent; but it is out of season. A little premature, that is all. When you desire to determine the precise form and extent of the disease, no better plan could be adopted. Careful physical examination is indispensable, but a distinct increment of value may be given to it by some observations, which, I think, ought to precede it; others, however, may think it might appropriately follow. Quite so, but in that case they are apt sometimes to be overlooked or forgotten altogether, which is undesirable, to say the least of it. It is well to familiarise the eye with the contour of the thorax in the clothes, as well as in the nude. A broad line can, in most cases, probably, be drawn betwixt the phthisical and the non-phthisical chest. The first you will learn to abhor. The phthisical chest is flat, and often also narrow. It is a small chest, with small lungs. Even in health the lungs are scarcely adequate to the wants of the organism. They are hard at work ordinarily. When any disease further limits the thoracic space, and especially when a portion of the lung is rendered solid, the rest of the lungs is overworked, a condition not very compatible with repair of the diseased portion; indeed favourable to the extension of the mischief. In the small chest, a little mischief is a serious matter; certainly as compared to the same extent of mischief in an ample thorax. If you learn to note the small or phthisical thorax, you will soon see that it has its own relations. It usually belongs to persons of the strumous diathesis, those who have ill-developed skeletons, and, further, are the subjects of defective tissue-nutrition. Bad fat-eaters you will find them, as a rule.

Or the chest is deep and round: the typical chest of emphysema. Here, if there is some lung-consolidation, it is of comparatively little moment. Where the tissues are well nourished, you practically have not "phthisis" to deal with. Look up its derivation, and then you will perceive what I mean. But you may have other trouble, chronic bronchitis, or a pleural cavity full of fluid (of some sort), or the lungs may be gorged with blood, as in mitral lesions, or there may be emphysema present, or a foreign growth in the thorax. Having taken a note of the contour of the thorax, the next matter to be measured is the character of the respiration. What is respiration? How is it carried on? The chest consists of an enormous surface of mucous membrane, with blood on one side, and air on the other, all very neatly packed in folds, as your microscope will tell you. An air-reservoir indeed, with a ventilating current in each inspiratory and expiratory act. The out-going air contains more carbonic acid gas and a less amount of oxygen than the in-coming air; the in-coming current represents the outside air; the out-going current, the residual air within the chest. Grasp that great fact first.

Then the respiratory centre in the medulla oblongata is excited by the presence of carbonic acid in the blood; when much is present, this centre discharges more rapidly and more vigorously, as seen in the effect of effort. When the blood is too highly charged with carbonic acid, the respiratory centre is excited to efforts which will tend to improve the character of the residual air. This is quite irrespective of the cause of the impurity of the residual air. But the rapidity of the respiration bears an intelligible relation to the amount of disease, be that what it may. The rapidity of the respiration, and the effect of effort upon the breathing will often furnish most valuable information as to the extent of the morbid change; though it can give no clue to its nature. When the rapidity of the respiration rises over the normal ratio of the pulse 1 to 4 (18 to 72) you can look out for something which necessitates rapid breathing to keep the residual air normally pure.

Then take the character of the breathing other than its rapidity. The small phthisical chest gives usually short rapid respiration, the more rapid in proportion to the extent of lung involved; and, consequently, the amount left available for respiratory purposes. Though the movements follow each other quickly, the extent of each movement is limited. Why? Because the "tidal" air passing in, or out, at each respiratory act, is small. The accessory muscles of inspiration are only thrown into action in serious cases. (N.B. Keep your eye open to the accelerated breathing of mere nervousness).

When the air is sucked in by an effort, the accessory muscles of the neck are seen to stand out in bold relief. Often, too, the skin betwixt the sterno-cleido mastoid muscles is seen to be drawn in, till a deep hollow is formed on inspiration. When you see this you can look out for emphysema, with or without chronic bronchitis. Also you can take a note of the abdomen, and you will find, on so doing, that the respiration is largely abdominal. If you look

sufficiently closely, you will see that while the muscles at the neck draw up the thorax bodily, the diaphragm descends by a powerful effort. Especially is this species of chest-movement seen where the rib cartilages are ossified, and the thorax is a comparatively immovable bony framework. In such cases the respiration, although "laboured," is not "rapid," unless an effort is required. Then these patients are "out of breath" readily. But at rest they are only "scant of breath," commonly spoken of as being "asthmatical."

Such then is the rational examination of the chest, which is made by the eye, as the patient stands before you. A little careful practice, and the comparison of what is so gleaned, with the more precise information furnished by the physical examination of the chest, otherwise the "anatomical" examination, and the observer will often be enabled to make a broad diagnosis before touching the patient. Certainly he will commonly gain enough to direct his more minute physical examination, and tell him what to look for.

Then the cough will frequently decide certain morbid conditions. In a cavity, whether an excavation of the lung, or a dilated bronchus, commonly a long spell, or "bout" of coughing is essential to the act of raising the phlegm (pus or mucus) to be got rid of, or expectorated. My own view of this is that the air-pressure within the thorax must be brought up to the point of compression of the wall of the cavity, when its contents are expelled. In some cases foetid stuff is got up after such a bout of coughing; while the ordinary expectoration is not offensive. This fact will often throw a flood of light upon the morbid processes afoot. The fluid in a firm-walled cavity remains there long enough to become putrid and offensive (probably from the presence of bacilli), and is only got up after a prolonged effort.

Such are some of the points to be noticed about the thorax, before the chest is bared. When this is done, "inspection" will give additional information. Into the examination of the bared chest it is no part of the writer's intention to go, at present; that is carefully taught everywhere.

Examination Questions.

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Physiology.—1. Describe the characters of gastric juice; its effect upon albumen, the conditions of its action, and the products formed. 2. Draw and explain the curve of a single muscular contraction, and compare it with that of tetanus. 3. Describe the minute structure of a lobule of the liver. 4. Describe the reflex actions which affect the eye, starting from

excitation of the conjunctiva and of the retina respectively. 5. Explain the influence of the respiratory movements upon the systemic circulation. 6. Give an example of each of the three kinds of lever in the human body. Arrange in the order of their elasticity the following tissues:—Hyaline cartilage, ligament, vocal cords, blood, muscle, dentine, aorta, vein. Candidates must answer at least four questions, and may, with advantage, answer all six.

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Anatomy.—1. Give the origin, insertion, and nervous supply of the sterno-cleido-mastoid muscle. Name the structures superficial to it. 2. The scalp having been reflected, and the calvaria removed, describe step by step the dissection you would make in order to remove the brain from the cranial cavity. 3. At what joints do inversion and eversion of the foot take place? Name the muscles which invert the foot, and give their precise insertion. 4. Describe the course and relations of the ulnar artery in the fore-arm.

Physiology.—1. Describe the various structures which compose a tooth. State the position of the odonto-blasts, and their relations to the various structures. 2. What do you understand by apnoea, dyspnoea, and asphyxia, how may they severally be produced, by what phenomena are they severally characterized, and how do they severally produce death? 3. State all you know of the effects of the galvanic and faradic currents on muscle. 4. What are the sources of animal heat, where is it produced, how is it distributed, regulated, and dissipated?

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FIRST EXAMINATION IN MEDICINE.—MAY 5TH.

Botany.—(Examiners, Professors R. O. Cunningham, M.D., and George Sigerson, M.D.) 1. Describe the various movements exhibited by the protoplasm of plants. 2. Distinguish between trichomes and emergences, and describe some of the modifications exhibited by each class of organs. 3. Explain what is meant by nutation, and give examples of the phenomenon. 4. Contrast the characters of papaveraceae and fumariaceae. 5. Explain what is meant by the mode of increase known as "growth by intussusception of molecules." 6. Give the anatomical structure of wood tissue, and describe the processes which result in the formation of annual rings, pith and medullary rays. 7. Distinguish between racemose and cymose inflorescences and describe with diagrams a spadix, a corymb, a cyme, and a cincinnus or scorpioid cyme. 8. Set out the diagnostic characters of the order cruciferae, noting those which distinguish its suborders, siliquosae, siliculosa (a latiseptae b angustiseptae nucumetaceae and homentaceae), name a plant in each group.

Zoology.—*Vertebrata.*—1. Describe the various forms of scales in the class pisces. 2. State the more important characters of the ophiomorphous amphibia. 3. State the general characters and give an outline of the classification of raptores. 4. State the characters and give the geographical distribution of the families of edentata. 5. To what order do lampreys and hag-fish belong? Describe the external characters and internal organization of the members of this group. 6. Point out the anatomical characters which connect reptiles with birds, and those which distinguish the two groups. 7. Discriminate between the bunodont and selenodont sections of artiodactyla, by their dental characters, and mention the families into which the omnivora are grouped. 8. What is characteristic as regards the appendicular skeleton and alimentary canal of the plantigrada? Give the habits and geographical distribution

of the ursidae. 9. Describe the general structure of a social hydroid. 10. State the distinguishing characters of the turbellaria. 11. Describe the exoskeleton of the scorpion. 12. Contrast the shell of a brachiopod with that of a lamellibranch. 13. Give the ordinal characters of the radiolaria, with an account of their structure. 14. Define the terms sclerodermic and sclerobasic as applied to corals, and show how the mode of origin affects the skeletal form. 15. State the morphological and exoskeletal characters which distinguish the echinoidea, asteroidea and ophiuroidea. 16. Describe the haemal and the alimentary systems in gasteropoda.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, MAY 22, 1885.

EDITORIAL AND PERSONAL.

AMONG the list of selected candidates, recommended by the Council of the Royal Society, for election to the Fellowship, we observe the names of Sir Andrew Clark, M.D.; H. Hicks, M.D.; M. A. Marshall, M.D.; and Professor Sidney Ringer, M.D.

THE *Allgemeine Wiener Medicinische Zeitung* contrasts Vienna with London as to its supply of medical practitioners. While in London, it says, with four million inhabitants, and crowds of foreigners streaming through it, there is but one registered practitioner to 3,000 inhabitants, in Vienna with 800,000 inhabitants, and a sparse foreign intercourse, there is one for every 1,500. Then great fortunes are not made in Vienna like in other capitals, as for example, Dr. Pean of Paris, who, with his annual income of 600,000f., or 700,000f., joined to the profits of his fisheries, may vie with a Rothschild. No one, however, approaches Sir Spencer Wells, who for many of his thousand ovariotomies, received £10,000 or £12,000 (120,000m. or 140,000m!) Koerberle of Strassburg, the most successful ovariotomist after Sir Spencer Wells, once received a fee of 500,000f. from a Spanish Princess; becoming a rich man at one stroke.

H. PALLA, a French astronomer, who has discovered several minor planets, offers to designate the latest of these after any capitalist for 1,250f. Fifty pounds for a property like that, equal to freehold, and which even Henry George will not interfere with.

THE post of fourth physician at the Newcastle-on-Tyne Infirmary, which has for some years remained unoccupied, is about to be filled, the addition of a

new building to hold fifty beds rendering this step immediately necessary. The principal candidate is Mr. James Limont, M.A., M.B., B.Sc., M.S., Edin., M.R.C.S. Eng., who has, for a considerable period, acted as house-physician in the hospital to which he now seeks to be permanently attached. During this time, Dr. Limont has made for himself an enviable reputation as a teacher, and his services in this direction are eloquently testified by a spontaneous memorial, signed by over one hundred past and present students at the Infirmary, who, on learning of his intended candidature, took this means of showing their high appreciation of his labours in their behalf. Personally, we have much to thank Dr. Limont for in the past, for whenever in our wanderings we have been in Newcastle-on-Tyne during his administration, we have always experienced the greatest kindness and readiness on his part to assist us in utilising the clinical resources of the hospital, in the interest of our readers. As a clinical teacher, moreover, Dr. Limont is exceptionally able, and his keen physician-instinct has often been clearly demonstrated to us in the unpretending but impressive comments delivered in our presence to his class. The best interests of the important hospital which, as the centre of clinical instruction for Durham University students, occupies an exceptional position, will be faithfully conserved by the election of Dr. Limont to the vacant post. His professional qualifications are of the highest value, and his personal fitness to discharge the duties that will devolve upon him, if successful, is an especial reason for wishing him the success he deserves.

SOME time ago, a Roller-Skating Contest, extending over six days, was held in one of the principal American cities; and the result—in addition to serious injury to several of the competitors—was that the principal winner, and two other candidates for the first prize, died from the exhaustion their labours induced. Now it is publicly advertised that a similar exhibition of madness is to be held at the Royal Aquarium; and probably the sensation-loving multitude will be gratified with a spectacle, new to this side of the Atlantic, of a number of men wearily skating their way to destruction, to the music of a go-as-you-please brass band. Such pandering to vicious tendencies as these outrageous tests of endurance constitute, are unworthy a civilised community; and it is a matter for deep regret that the better sense of the age in this country does not insist on their being confined to the home of their birth, where life is held cheaper than excitement.

WE have much pleasure in announcing the appointment of Mr. Arthur Trehern Norton, F.R.C.S., Surgeon to St. Mary's Hospital, London, to be Examiner in Surgery in the University of Durham. Mr. Norton is well known to students as the translator and adapter of Claude Bernard's "Operative Surgery," a new edition of which is about to appear.

At a special meeting of the trustees of the Hunterian Collection, for the election of four trustees in the vacancies occasioned by the decease of Dr. Allen

Thomson, of the Duke of Buccleuch, and of Mr. Caesar H. Hawkins, and by the resignation of Mr. William Hunter Baillie, the following gentlemen were elected to fill such vacancies respectively, viz.:—Professor W. H. Flower, LL.D., F.R.S.; Lord Walsingham; Sir James Paget, F.R.S.; and Mr. William Hunter Baillie, jun.

To his colleagues at the Westminster Hospital, and to the students who enjoy the privilege of his instruction, very considerable gratification will be felt at the most recent distinction conferred on Dr. William Murrell, who was, on Tuesday last, awarded a prize by the Paris Academy of Medicine for his researches in nitro-glycerine. It will be remembered that to Dr. Murrell we owe the knowledge which has enabled us to apply this drug with such signal benefit in cases of angina pectoris, under other conditions demanding temporary arrest of capillary one. Moreover, Dr. Murrell has contributed so signally to pharmacology, in conjunction with Dr. Ringer, that any recognition of his services cannot but be most fully deserved.

In the new Registration Bill, as amended in the House of Lords, there is a clause depriving any voter who has been in receipt of parish medical relief within one year of an election, of the right to exercise his political suffrages at such election. It is quite possible that this provision may not be without a beneficial effect so far as the profession is concerned, for whoever cares in any way to exercise the rights of a voter will be careful to employ and pay for the services of a medical man other than the parish doctor. As the extended franchise will include many thousands by whom parish medical relief has been invariably accepted in the past, it follows that they must henceforth consent to pay for advice and medicine when these are necessary, or resign the glorious privileges attaching to the "free and independent" on election day. It will be a curious and interesting study to note how far the two millions now to be enfranchised will rate the advantages of a vote as above the more tangible, even though less honourable, privilege of having their ailments cured at the expense of their parish rather than of their own pockets. Having formed a dispassionate estimate of the average English peasant, we think the chances are in favour of pauperism and pockets as against voting at the price of paying the doctor.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Board of Examiners on the 11th inst., and when eligible will be admitted to the pass examination:—Messrs. G. A. Sutherland, E. H. Ezard, A. Primrose, J. McLachlan, F. M. Johnson, F. W. Thomson, C. W. Hayward, R. Jardine, E. W. W. Carlier, P. Wardle, and A. Mann, of the Edinburgh School; S. M. Whitaker, W. Thompson, W. Summerskill, and G. Hancock, of the Leeds School; B. R. T. Trevelyan, of the Bristol School; C. L. Williams, and R. A. Beaver of the Liverpool School; E. C. Masser, of the Birmingham School; C. J. Whitty, of Guy's

Hospital; and N. C. Ridley, of St. Mary's Hospital. Three candidates were referred. The following gentlemen passed in Anatomy only:—Messrs. A. W. Gray, of the Birmingham School; J. B. Jameson, and E. N. Darwent of the Edinburgh School; and H. Hamilton, of the Bristol School. Eight were referred. The following gentlemen passed in Physiology only: Messrs. R. F. Shepherd, and A. Borradaile, of the Edinburgh School; B. P. Johnson, E. Capper, and W. C. Costine, of the Liverpool School; J. Fullard, of the Birmingham School; J. Macdonald, of the Manchester School; and S. E. Duncan, of King's College. Four were referred. The following gentlemen passed on the 12th instant:—Messrs. W. A. Turner, M. L. Trechmann, A. E. Barlow, J. F. Haswell, C. P. Kennard, F. A. Jukes, J. H. Acheson, R. H. Maddox, F. R. B. Hinde, J. H. Conyers, J. Musgrove, H. L. Roberts, J. C. Dunlop, E. C. S. Daniel, and W. S. Colman, of the Edinburgh School; E. Molyneux, of the Liverpool School; C. P. Tanner, and H. N. Cappe, of University College; G. A. Heberden, of St. George's Hospital; H. T. D. Ryder, of King's College; A. Bronner, Heidelberg, F. R. W. Brown, of the London Hospital; E. Marsh, of the Birmingham School; and W. H. Hillyer, of St. Thomas's Hospital. The following gentlemen passed in Anatomy only:—Messrs. T. Walcott, of the Edinburgh School; D. W. Liebshtein, A. L. Fuller, and A. C. Gomez, of University College; H. C. Addison, B. J. E. Wright, of King's College; E. O. Kingdon, of St. Mary's Hospital; and S. H. Badcock, of St. Bartholomew's Hospital. Four candidates were referred in both subjects, and eight in Physiology. The following gentlemen passed on the 13th instant in both subjects:—Messrs. A. D. P. Hodges, of the London Hospital; F. H. Roberts, H. N. Baron, G. L. Cheate, and H. Smith, of King's College; A. M. Sully, F. B. Wells, H. Dane, C. T. Holland, S. Bullivant, and J. E. Dyer, of University College; J. R. Anderson, and E. L. Puddicombe, of St. George's Hospital;—Robinson, and J. A. Francis, of St. Bartholomew's Hospital; W. L. Symes, and W. H. Dolamore, of St. Mary's Hospital; W. M. Helsham, of St. Thomas's Hospital; and A. G. W. Bowen, Guy's Hospital. The following gentlemen passed in Anatomy only:—Messrs. H. J. Tizard, of St. George's Hospital; A. W. Waller, of St. Thomas's Hospital; and A. R. Sieveking, of St. Mary's Hospital. The following passed in Physiology only:—Messrs. A. H. Vassie, of the Edinburgh School; C. M. Leakey, and E. D. Chabot, of the London Hospital; C. H. Clayton, of University College; and H. A. Bray, of King's College. At the last professional examination for the diploma of membership, which has just been brought to a close, there were 251 candidates, of which number 93 were rejected—namely, 14 for three months, 68 for six months, 6 for nine months, and 5 for twelve months. The following gentlemen passed their primary examinations at a meeting of the Board of Examiners on the 18th inst., viz.:—Messrs. C. F. Marshall and G. E. Fryer, Manchester School of Medicine; G. P. Boddie, University of Edinburgh; E. W. Evans, St. Bartholomew's Hospital; R. W. Bishop, C. R. Sallsbury, and J. V. B. Twamley, Leeds School of Medicine; J. P. Howe, Dublin; G. E. Roberts, University College; C. E. Matthews, University of Cambridge; and J. F. Twist, Birmingham School of Medicine. The following passed in anatomy only, viz.:—Messrs. G. S. Ridgley, E. A. T. Harris, and Edward Carnall, St. Bartholomew's Hospital; Rhodes Hebblethwaite, Leeds School of Medicine; A. P. Walters, University College; W. C. Burt, R. W. Rouw, G. W. A. Mitchell, and F. S. Wood, Guy's Hospital; James Magauran, Dublin; Walter Mitchell, Sheffield; J. W. Smith, Aberdeen; W. J. Watkins, Bristol; and J. E. Syme, Edinburgh. Mr. Edwin Lambert, Leeds, passed in physiology only.

VACANCIES.—The following vacancies are announced. Friendly Societies' Medical Alliance. Resident Medical Officer for the Walsall Friendly Societies' Medical Association. Salary, £180 per annum. Applications to Mr. Geo. Abbott, 9, St. James Row, Sheffield.—Fulham Union Infirmary. Assistant Medical Superintendent and Dispenser. Salary, £100 per annum. Applications by May 26th.—Hospital for Diseases of the Throat, Golden Square, W. Resident Medical Officer. Salary, £50 per annum. Applications by June 1st. Kidderminster Friendly Societies' Medical Association. Resident Medical Officer. Salary, £220 per annum. Applications to W. Holloway, 5, Plimsoll Street.—Manchester Hospital for Consumption

and Diseases of the Throat. Honorary Assistant-Physician. Applications by May 30th.—Manchester Hospital for Consumption and Diseases of the Throat. Resident Medical Officer. Salary £40 per annum. Applications by May 30th.—Parochial Board of Stronsay. Medical Officer and Public Vaccinator. Salary, £70 per annum. Applications to Mr. Learmonth, Inspector of Poor, Stronsay, Orkney, by June 4th.—Plymouth Public Dispensary. Second Honorary Physician. Applications by June 8th.—Queen Charlotte's Lying-In Hospital Marybone Road, N.W. Resident Medical Officer. Applications by May 23rd. Royal Berks Hospital, Reading. Senior Physician. Applications by May 23rd.—St. Bartholomew's Hospital. Two Casualty Physicians. Applications by June 6th. Surrey County Lunatic Asylum, near Wandsworth Railway station. Junior Assistant Medical Officer. Salary, £150 per annum. Applications to Dr. Biggs by May 29th.—West Riding Lunatic Asylum, Wakefield. Resident Clinical Assistant. Application to the Medical Department.

University, College, and Hospital Intelligence.

BIRMINGHAM.

THE MEDICAL INSTITUTE.—During the past year the Reading Room of this institution has been handsomely decorated and furnished, out of a fund generously supplied by the voluntary contributions of members. The spacious library now contains upwards of 9,500 volumes, all relating to medicine and the allied sciences; this room, in addition to being used as a library, is used for the meetings of medical and scientific societies, and, owing to its central position, is especially well adapted for this purpose. The number of members is small (only 204) considering the many advantages which membership offers, especially to men who reside in the neighbourhood of the town. The president of the Institute (Mr. Sampson Gamgee) is raising a special fund on its behalf, which has for its main object the fulfilment of a long felt want, viz., the printing of a complete catalogue of the books contained in the library. The list of donations is headed by the Mayor, with a sum of five guineas, then follow the names of the president, the Lord Bishop of Worcester, His Eminence Cardinal Newman, Lord Randolph Churchill, M.P. and the Right Hon. Joseph Chamberlain, M.P., each of whom have subscribed £5. Mr. J. E. Wilson has given £21, and Mr. W. D. Crompton £25. The above representative list of contributions shows in a striking manner the great confidence placed in the medical profession generally, and the interest which gentlemen outside the profession take in their welfare; and must be a source of congratulation to those members of the profession in Birmingham, who have, from its foundation, been associated with the Medical Institute.

NEWCASTLE-ON-TYNE INFIRMARY.

THE Governors of the Infirmary having determined to appoint a fourth honorary physician to the Institution, James Limont, Esq., M.A., M.B., C.M. (Edin.) B.Sc. M.R.C.S. has decided to resign his present appointment of Resident House Physician, and apply for the new post. A testimonial signed by over 120 past and present students of the Infirmary was presented to him last week, as a mark of respect, and a token of his popularity amongst the students.

ROYAL IRISH UNIVERSITY.

PASS LIST.—FIRST EXAMINATION IN MEDICINE.—Andrew Burgess, Belfast; R. H. Elliott, Belfast; Thomas Gaah, Cork; David H. Newry; John F. Kennedy, Carmichael School of Hamilton, Medicine; Jas. Mc. Connell, Belfast; W. J. Mc Lade, Belfast; W. J. Molloy, Royal College of Surgeons; P. J. Murphy, Catholic University; Samuel Tate, Galway.

SECOND EXAMINATION IN MEDICINE.—The examiners recommend that the following candidates should be allowed the examination:—

UPPER PASS DIVISION.—*Ambrose, E. I., Birmingham Catholic University School of Medicine; John Campbell, Belfast; James Clifford, Cork; J. Entrican, Belfast; R. J. Ferguson, Belfast; *Gerald Hickey, Royal College of Surgeons; *P. F. Mannix, Cork; S. A. Powell, School of Physic and College of Surgeons, Dublin; John William Wilson, Belfast.

LOWER PASS DIVISION.—John St. Clair Boyd, Belfast; Richard Patrick Byrne, Cork; James Caldwell, Belfast; William Walter Duff, Galway and Belfast; Alfred William Eder, Belfast; Maurice Fitzgerald, Cork; James Fleming, Galway; Francis Evatt Gahagan, Carmichael College of Medicine; Howard John Gahagan, Ledwich School of Medicine; Edward Griffin, Cork; James William Harbinson, Belfast; Richard Eugene Harcourt, Belfast; James Charles Harkin, Galway; Walter Llewellyn Hawthorne, Belfast; William Robert Jones, Belfast; David Moore Lindsay, Belfast, and University of Edinburgh; David M'Kee, Belfast; Edward Henry M'Sherry, Galway and Belfast; James Harvey Martin, Belfast; Charles William Morgan, Belfast; Daniel Murphy, Cork; William Muesen, Belfast; Charles Von Homrigh Neesbitt, Belfast; Dennis O'Leary, Cork; William Samuel Perry Patterson, Belfast; Nathaniel Henry Runcioman, Cork; William Dwyer Russell, Cork; James Simpson Steele, Belfast; Wm. Carmichael Steen, Belfast; Robert Simpson Thompson, Belfast; James Tomb, Belfast.

In subjects necessary to complete the second examination in medicine:—John Maurice Macnamara, Queen's College, Galway.

M. B. EXAMINATION.—The examiners recommend that the following candidates be adjudged to have passed the examination:—Samuel Alexander, Belfast; John Barron, do; James R. Burrows, do; Alexander Corry, do.; *G. B. Crawford, do.; M. H. Curtin, Cork; Thomas W. Dwyer, do.; Robert English, Belfast; G. H. Foot, Cork; R. E. Foot, do.; R. M. Griffin, Ledwich School of Medicine; M. H. Hannigan, Catholic University School of Medicine; W. R. Hawkins, Cork; Daniel Hennessy, do.; W. J. Loughrey, Belfast; John McAleer, Queen's College, Galway, and Catholic University School of Medicine; Michael M'Carthy, Cork; W. B. R. M'Wha, Belfast; G. F. H. Marks, Cork; John Meenan, Carmichael School of Medicine; *James Muirgrave, Cork; James J. Nagle, do.; John J. O'Brien, do.; J. P. O'Byrne, Catholic University School of Medicine; Robert Petticrew, Belfast; E. L. Pooler, do.; *John Ryan, Queen's College, Galway, and Catholic University School of Medicine; J. Martin Savage, Belfast; William Sexton, Galway; J. Henry Sharpe, Carmichael School of Medicine; Norman Smyth, Belfast; *Robert Thompson, do.; *F. J. Tresilian, Cork; J. J. Walsh, Royal College of Surgeons, and Ledwich School of Medicine; M. J. Whitty, Queen's College, Cork, and Catholic University School of Medicine; Samuel Wilson, Belfast.

Correspondence.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—Seeing the enclosed account of the Excision of the Clavicle, I thought it might interest your readers, especially those who are going in for surgical examinations, as I believe it to be one of the best descriptions of the operation written, and certainly is a far more graphic account than can be found in any of the text books.

Yours faithfully,
JAMES D. STAPLE,
Junior House Surgeon.

South Devon and East Cornwall Hospital,
Plymouth, May 18th, 1885.

EXCISION OF THE CLAVICLE.

By W. I. WHEELER, Esq., F.R.C.S., &c.
(From the *Dublin Medical Journal*.)

"AFTER due deliberation and consultation with my colleague, Mr. Tufnell, I determined to remove the clavicle; and consequently—the patient having been fully anaesthetised—I made a concave incision downwards along the clavicle from

* Those marked with an asterisk will be allowed to present themselves for a further examination for honours.

the sternal articulation on the opposite side to the extremity of the acromial process, and I reflected both up and down the integument and fascia. The clavicular origin of the sterno-cleido-mastoid was also divided, along with the other necessary muscular structures. I next opened the acromio-clavicular articulation, and, lifting up the bone by means of a lion forceps, I detached the costo-coraco-clavicular ligament and the subclavian muscle. Consequent upon the upward extent of the tumour, I found it necessary to make a vertical incision extending into the posterior superior triangle of the neck, and by careful dissection and manipulation separating each attachment with the utmost care, so as to avoid the large vessels directly beneath. Both the subclavian vein and artery were easily recognisable—as, also, the cords of the brachial plexus. Fourteen ligatures were applied—two on the external jugular vein. The supra-scapular artery (which was much enlarged) was also tied. A few small vessels were twisted. All hemorrhage having been controlled, the wound was brought together by interrupted sutures. A suitable pad, producing necessary pressure, was placed upon it. The patient's arm was bandaged to his side, and he was re-placed in bed. No appreciable amount of suppuration ensued; free drainage was maintained; the wound, however, closed slowly. The man did not leave the hospital for seven weeks after the operation, by which time the incision had completely healed.

"I saw this patient three months subsequently at Kingstown. He was pale and anæmic. He suffered from cough, and presented the appearance of one who, ere long, would develop phthisis. He was then able to use his arm and shoulder with tolerable facility; and, but for the condition of his general health, he could have earned a livelihood.

"To my agreeable surprise, I was accosted last May in Sackville Street by him. He had just returned from America, and was looking well, having gained both flesh and strength."

THE TELEGRAPHIC AND TELEPHONIC NATIONAL TRAINING COLLEGE OF GREAT BRITAIN.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—Would you allow me to suggest that the time has fully arrived for the public inauguration of such a national training college for the very large and rapidly increasing number of pupils who are qualifying for these most important and useful professions.

Precisely the same remarks apply to the public inauguration of the National Phonetic Training School of Great Britain, also urgently needed.

I am, Sir,
Your obedient servant,
AUGUSTUS J. HAEVY.

12, Landridge-road, Fulham,
14th May, 1885.

Cricket.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE.

THE opening match of the above Club was played on the South Northumberland Ground, Newcastle, on Tuesday afternoon, the 12th inst., between the foreign and local students. The weather was beautifully fine, and a most enjoyable and exciting game was played. The foreigners, however, proved to be much too strong for the locals, winning by 35 runs. Their team consisted of several well-known cricketers from the London Hospitals, including Messrs. Abbott, Anderson, Halstead (sen.), Cranstoun, Palmer, and others, all of whom handled the willow in splendid form. The fielding and batting of both sides was exceptionally good, although the runs were few. The batting of Sumpter (captain) for the locals was much admired, and received frequent applause. Scores, 70 and 40. The South Northumberland Cricket Ground having been obtained for the College this season, several matches have been arranged with the best district clubs, and a prosperous season is anticipated. We feel sure that the cricketing spirit is not better maintained in any Medical School than at Newcastle, and we regret that distance prevents us from handling a blow to some of our sister schools. Professors versus Students will be played on Friday, the 29th, and is being looked forward to with the utmost excitement.

COLLEGE OF MEDICINE v. LEGAL WANDERERS.

THE above match was played on the College Ground at Gosforth, on Tuesday, the 19th inst. The wicket was rather wet and slow, owing to recent rains, but beautiful weather prevailed during the match. The representatives of the Law went first to bat, and their innings resulted in a complete failure. The bowling of Sumpter and Cranstoun, and the fielding of the whole of the students was brilliant, rendering much scoring impossible. The whole of the eleven were out for the miserable total of 7. The students then went to the wicket, and it was soon seen that their batting form was much superior to their opponents. Abbott-Anderson, and Dix each had a brilliant innings of 19, their batting being very good; whilst Halstead (sen.) contributed 13 by careful play. Unfortunately, B. G. Sumpter (captain) was given out leg before wicket before he had scored.

Legal Wanderers.

J. M. Lazenby, c Anderson, b Cranstoun	-	0
B. C. Simpson, c Sumpter, b Sumpter	-	0
W. Usher, c Dix, b Cranstoun	-	1
J. B. Lazenby, c Dr. Nesham, b Sumpter	-	0
R. Reed, c Dix, b Cranstoun	-	1
J. Duncan, c Halstead, b Sumpter	-	0
J. G. Murray, c Raby, b Sumpter	-	2
R. Park, c Platt, b Cranstoun	-	2
S. Mather, c Dr. Nesham, b Sumpter	-	0
S. Walton, run out	-	1
A. Nother, not out	-	0
Extras	-	0

Total - - - - - 7

College of Medicine.

Dr. Nesham, b Reed	-	3
T. Halstead (sen.), run out	-	13
J. W. Leech, b Lazenby	-	1
B. G. Sumpter (captain), l b w, b Lazenby	-	0
J. M. Abbott-Anderson, b Lazenby	-	19
L. Raby, b Reed	-	2
J. Dix, c Lazenby, b Reed	-	19
H. T. Platt, b Lazenby	-	2
J. Cranstoun, st. Usher, b Reed	-	5
H. T. Herring, not out	-	1
W. D. Arnison, b Reed	-	0
Extras	-	5

Total - - - - - 70

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

STUDENTS' TEXT BOOKS.—In the advertisement columns of the present issue will be found particulars of the Students' Text Books, suitable for the Summer session, published by Messrs. J. and A. Churchill, of New Burlington Street, and Mr. H. K. Lewis, of Gower Street, and Messrs. Baillière, Tindall & Cox.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

NEW LOCAL SECRETARIES.—Mr. Frank Tweedie has been appointed Local Secretary for the Belfast College of Medicine, Mr. Thomas Henning for Galway, and Mr. W. Fingland, Additional Local Secretary for the Liverpool College.

MR. ECKERSLEY.—Your request shall be borne in mind.

MR. BLAIR.—It would cause no useful purpose to comment on the circumstances. Many thanks for the communication.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. J. Milner Fothergill, London; Dr. J. Brindley James, London; Mr. Staple, Plymouth; Dr. Hill, London; Mr. H. G. Symonds, Leeds; Mr. Robertson, Glasgow; Mr. Blair, Belfast; Messrs. Charles Griffin and Co., London; Mr. A. H. Beardmore, Chesterfield; Mr. N. Raw, Newcastle-on-Tyne; Mr. Solomon, Manchester; Mr. A. S. Harvey, London; Mr. Eckersley, Glasgow University, &c. &c.

BOOKS, PAPERS, &c., RECEIVED.—The Pathology and Treatment of Stricture of the Urethra, by Sir Henry Thompson, F.R.C.S., &c., fourth edition (London, J. and A. Churchill, New Burlington-street).—A Practical Treatise on the Diseases of Women, by Prof. Thorburn, M.D. (Griffin and Co.).—Medical Times—Medical Press—British Medical Journal—New York Medical Record, &c., &c.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

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Notes by the May.

THE minds of the simple and trusting inhabitants of the primitive little town of Saltash, in the county of Cornwall, have recently been considerably exercised on account of an "extraordinary case of healing by faith," which has happened under their noses, filling them with fear and wonder. The nature of the cure will be gathered from the following report of the case from a local newspaper:—"A young man named Alfred Bithel, residing in Silver Street, Saltash, has for the past 16 years been confined to his bed suffering from a spinal complaint. During that time he has not once left his bed, and all medicines and treatments have been unavailing. During his illness he has been repeatedly visited by Christian people, and through them he became aware some fortnight since of the existence in London of a 'Home' called Bethshan, where the healing of diseases by faith and prayer is practised. The sufferer wrote to this Home and mentioned his disease and his sixteen years of affliction. A reply soon came to the effect that the members of the Home would unite in prayer for him at a fixed hour on a certain day, and wished him to join in prayer at the time mentioned. He did so, and an hour afterwards he got out of his bed and walked across his room three times, much to the amazement of his mother and sister, who were with him in the room. Every day since he appears to have rapidly gained strength, and now he is no longer confined to his bed." Having so far recovered as to leave his bed, the question of clothes and boots stared him in the face. For sixteen years wearing apparel and he had been strangers, and being only a pauper he had no means of purchasing the articles necessary to make a decent appearance in public. However, the relieving officer canvassed the town for subscriptions and soon collected sufficient money to buy a new suit of clothes and a pair of boots.

THE case is truly a wonderful one, but it has one weak point, viz.:—That in all probability there was nothing the matter with the young man's spine from first to last. It is not at all an uncommon circumstance in Cornwall, as in other counties, for the lazily inclined to feign illness, and thus impose upon the charity of the public, and it may have been that the young man would have taken up his bed and walked any time during the sixteen years of his bed-ridden life, had a good sound horse-whipping been administered to him.

"FAITH HEALING" and "miracle cures," although attracting much public attention just now, are by no means modern innovations. They have occurred in all countries, and at all times, from the earliest ages. In modern times such manifestations have occurred, chiefly among those of the Roman Catholic persuasion; but, quite recently, other religious sects—including the Salvation Army—have put forward a number of miraculous cures, which, they assert, have been performed without the aid of material agencies.

IN the United States, a new sect, called "Christian Scientists," who profess to work miracle cures, has recently started into activity, and threaten to crush the poor doctor out of existence altogether. All the elaborate medical and hygienic nonsense of the profession are ruthlessly swept aside by this new faith, and such trifling ailments as cancer, paralysis, sciatica, scarlatina, are made to vanish at a single sitting. According to the *Times*, the fundamental discovery seems to be that these diseases all spring from simple fear; consequently, the mind-cure physician has only to convince his patient that fear is absurd, and that, in fact, he is perfectly well. The desired conviction appears to be produced by the physician and the patient sitting opposite to one another for twenty minutes or so—the physician thinking hard about the absurdity of anybody believing that he can be ill, and the patient placidly thinking about nothing in particular. After repeating this treatment on two or three successive days, the owner of a fractured knee-cap, or a colony of typhoid germs, goes forth sound and well. This, however, is but the elementary form of the new healing science. According to Mrs. Mary G. B. Eddis, of Boston, the high-priestess of the new faith, the higher class of practitioners do not need to produce conviction in a mind clouded with doubt and fear. It suffices them that their own mind is fully made up. They sit down and reason that God made everything good. Having made it quite clear to himself that disease is a delusion, and having inspired the patient with confidence by getting him to tell how he fancies his leg was broken, or how long he thinks he has had a hole in his lungs, the physician's course is simple. He "attains the power of healing by dwelling mentally upon the truth and wisdom of God; and thus the faith of the healer, meeting the fear of the patient, produces a chemical change in the fluids of the system, which results in health." After this, we may discontinue our studies and have done with examinations; for it is pretty certain that physic will be thrown to the dogs when the cure of disease is rendered so delightfully easy and simple.

NEXT week the apostles of "Bethshan," from whence emanated the cure of the young man of Saltash, are going to give a public demonstration of their powers in the Agricultural Hall, and some great sensations are anticipated by the believers in faith cures. A short time ago I met in a "Favourite" omnibus a fat and jolly-looking lady of some five-and-forty summers, whom I had not seen for some years. After congratulating her upon her healthy appearance, she assured me her present state of health was all due to attending "Bethshan," which, she explained, was a house somewhere in Islington, where believers in "faith-cures" were wont to assemble. For months she had attended once a week, and it kept her in good health. Previously she had been a great sufferer; debility, pain at the heart, indigestion, loss of appetite, bronchitis, were constantly present with her; physicians were in vain; now, thanks to "Bethshan," she was never better in her life. I ventured to suggest that

the weekly outing, including a walk of some two or three miles, might have some beneficial effect upon her physical condition, but she would not see it, "her faith had made her whole."

Now, "faith," as a factor in the cure of disease, is by no means to be ridiculed. It is an important element, as every physician of extensive experience has proved a hundred times. Many a patient who has hovered between life and death for days has begun to mend the moment the doctor in whom they had "faith" has appeared upon the scene. The influence of the mind upon the course of a disease is very powerful, and hence the secret of these so-called "faith cures."

On Tuesday a law stationer's clerk, aged 24, died in Guy's Hospital from the effects of chloroform. At the inquest on Wednesday it was stated that the deceased wrenched his shoulder whilst getting off the box of an omnibus. He was taken to the hospital, where four ineffectual attempts were made to set the shoulder. Chloroform was then used, and the shoulder was easily set, but the patient died under its influence. Mrs. Chambers gave evidence that her husband had on a former occasion wrenched his shoulder while getting off an omnibus. She did not know that his heart was weak. Mr. Charles Muspratt, the house surgeon of the hospital, deposed that the deceased took the chloroform badly. A very small quantity was administered. A *post-mortem* examination showed slight disease of the large vessels of the heart, but there was no organic disease sufficient to account for death. The death was caused by syncope, the result of an anæsthetic. A verdict of "Death from misadventure" was returned.

READERS of the GAZETTE will be pleased to hear that the General Medical Council has decided to erase from the *Medical Register* the name of Daniel Sutherland, of Glasgow, whose unprofessional advertisements have from time to time been commented upon in these columns. It is truly refreshing to find the Medical Council doing something with a view to uphold the honour and dignity of the profession.

In the Liverpool Bankruptcy Court recently, Ethens de Tomanzie, a man of colour, who has been practising in Liverpool as a doctor for some years past, although not qualified, told a sorry story. He had been prosecuted and persecuted by the Medical Defence Association, and in consequence, his takings had dwindled down from £25 a week to about £5 a week. He had also had insulting and libellous post cards sent to him, charging him with improper conduct, which had done him serious injury, besides which he had lost a law suit, and being unable to pay the costs, the brokers had taken possession of his household goods. Even with unqualified doctors misfortunes do not come singly.

PERIPATETICUS.

Original Papers.

THE ESSENTIALS OF TOXICOLOGY.

By ARMAND SEMPLE, B.A., M.B. Cantab, M.R.C.P.
London, Physician North Eastern Hospital for
Children; Author of "Aids to Chemistry," &c.

(Continued from page 139.)

METALLIC POISONS.

SILVER, ARGENTUM, Ag.

Symptoms.—The only important salt medico-legally, is the nitrate. No detailed cases of poisoning by this substance are on record, but from experiments on animals, it would seem that it acts as an irritant and corrosive poison.

The free absorption of the salt is shown by the blueness of skin, which is produced by the action of nitrate of silver. The colour is caused by the reduction of the metal, and its being deposited on the surface of the true skin. To occasion this action, however, the drug must be taken for some considerable period.

Treatment.—Common salt or chloride of ammonia in solution should be exhibited freely, vomiting should be encouraged, and albumen or white of egg should be given.

Post-Mortem Appearances.—In cases of slow poisoning, the body will present a blue tint. When death has occurred rapidly from a large dose, a blue line will sometimes be seen around the gums, the intestines and stomach being either of an intense red colour (inflamed), or white from the action of the salt, or black from the decomposition of animal matters.

Mode of Extraction from the Stomach.—The contents should be boiled with bicarbonate of potash, and filtered. The residue should then be boiled with nitro-hydrochloric acid, and again filtered. The filtrates should be mixed together and evaporated to dryness, in order to char the organic matters. The residue should be redissolved in diluted nitric acid, and saturated with ammonia. Filtration should be performed, and the silver precipitated with hydrochloric acid, in a solution again acidified with nitric acid.

Tests for the Silver Compounds—

- (1) Hydrochloric acid gives a *white* precipitate soluble in liquor ammoniæ.
- (2) Alkalies give a *brown* precipitate soluble in excess of liquor ammoniæ.
- (3) Sulphuretted hydrogen gives a black precipitate insoluble in sulphide of ammonium.
- (4) Iron, copper, and mercury precipitate the metal *white*.
- (5) Chromate or bichromate of potash gives a *brown* precipitate.
- (6) Tribasic phosphate of sodium gives a *yellow* precipitate.

BISMUTH, Bi.

Symptoms.—Nitrate of bismuth acts as an irritant poison, but since it is frequently contaminated with carbonate of lead and arsenic, this fact may account for many of the symptoms which have been ascribed to its agency.

Tests for the Bismuth Compounds—

(1) Sulphuretted hydrogen gives a black precipitate.

(2) Solutions of these salts become *milky* upon the addition of water, insoluble basic compounds being formed.

(3) Metallic bismuth is easily reduced from its compounds before the blow-pipe as a brittle bead.

MANGANESE, Mn.

Symptoms.—The salts of manganese act as feeble poisons. It has been stated on the one hand, that they act as insidious poisons, and induce paraplegia, whilst on the other hand, it is said that an ounce of sulphate of manganese is a safe laxative.

Tests for the Manganese Compounds—

(1) The alkalies give *white* precipitates, becoming *brown*.

(2) Sulphide of ammonium gives a *flesh-coloured* sulphide.

(3) With borax bead before the blow-pipe, the salts form an amethyst-red in the outer flame, and a colourless one in the inner.

(4) These salts when heated upon platinum foil with carbonate of soda, yield a *bluish-green opaque* bead of sodium manganate.

CHROMIUM, Cr.

The most important salt is the bichromate of potash, which is largely used for dyeing purposes.

Symptoms of ACUTE Poisoning.—Those of a powerful irritant. There are generally violent and constant purging, the stools being of a peculiar clay colour, and the vomited matters yellowish. The pupils are dilated. There are severe cramps in the legs, and extreme general depression. The urine may be entirely suppressed, or scanty and purulent.

There are usually swelling and pain of the peristomium.

The poisonous action is specially marked upon the mucous membranes.

Post-Mortem Appearances.—Those of an irritant poison. The mucous membrane of the stomach is inflamed and discharged, or marked with patches of dark red discolouration, the blood is black and thin.

In some cases, however, there have been no well-marked appearances.

Treatment.—Emetics should be given freely, and carbonate of magnesia, lime, or milk, should be exhibited.

In Chronic poisoning, there will be a bitter, nauseous taste in the mouth, great irritation of the mucous membrane of the nose, incessant sneezing, increased lacrymation, and sometimes severe con-

junctivitis. Finally, the mucous membrane ulcerates, and the septum nasi may become destroyed. A common symptom is chronic sores on the hands, feet, and shoulders, forming immediately there is any lesion of the skin.

Quantity required to Destroy Life.—Two drachms has proved fatal in four hours, whereas recovery is recorded after a dose of two ounces.

Treatment.—The throat should be sponged with nitrate of silver, and internally corrosive sublimate may be given.

Mode of Extraction from the Stomach.—The red colour of the solution is some guide to its presence, but this may have become greenish from the reduction of the chromic acid by the organic matter. The stomach and its contents should be digested with hydrochloric acid, then boiled and filtered, and the filtrate tested.

Tests for the Chromium Compounds—

For the *Chromous* salts:

(1) Sulphide of ammonium gives a black precipitate.

(2) Liquor ammoniæ gives a blue precipitate, turning green.

For the *Chromic* salts:

(1) Sulphide of ammonia gives a greyish-green precipitate.

(2) Liquor ammoniæ gives a greyish-green precipitate.

(3) Barium salts give pale yellow precipitates.

(4) Lead salts give bright yellow precipitates.

(5) Mercurous salts give brick-red precipitates.

(6) Silver salt gives crimson precipitates.

All the salts of chromium yield with borax and the blowpipe an emerald-green glass in the reducing flame.

(To be continued.)

University, College, and Hospital Intelligence.

ROYAL UNIVERSITY OF IRELAND.

PASS LIST.—EXAMINATION FOR DEGREE OF M.CH.—The Examiners have agreed to recommend that the under-mentioned be adjudged to have passed the examination:—John Barron, Queen's College, Belfast; W. J. Cowden, M.D., Queen's College, Belfast; C. B. Crawford, Queen's College, Belfast; M. H. Curtin, Queen's College, Cork; T. W. Dwyer, Queen's College, Cork; R. E. Foott, Queen's College, Cork; W. H. Hawkins, Queen's College, Cork; John M'Aleer, Queen's College, Galway, and Catholic University School of Medicine; Michael M'Carthy, Queen's College, Cork; W. B. R. M'Wha, Queen's College, Belfast; G. F. H. Marks, Queen's College, Cork; John Meenan, Carmichael College of Medicine; John Moore, M.D., Queen's College, Cork; James Musgrave, Queen's College, Cork; James P. O'Byrne, Catholic University School of Medicine; Robert Petticrew, Queen's College, Belfast; E. L. Pooler, Queen's College, Belfast; John Ryan, Queen's College, Galway, and Catholic University School of Medicine; William Sexton, Queen's College, Galway; Norman Smyth, Queen's College, Belfast; Robert Thomson, Queen's College, Belfast; F. J. Treilian, Queen's College, Cork; J. J. Walsh, Royal College of Surgeons, and Ledwich School of Medicine; M. J. Whitty, Queen's College, Cork, and Catholic University School of Medicine.

EXAMINATION FOR DEGREE OF M.A.O.—The Examiners have recommended that the degree should be conferred upon the following candidates:—Maurice Connery, M.D., Queen's College, Cork; Alexander Corry, Queen's College, Belfast; M. H. Hannigan, Catholic University School of Medicine; Daniel Hennessy, Queen's College, Cork; Michael M'Carthy, Queen's College, Cork; Morgan M'Swiney, M.D., Queen's College, Cork; William B. R. M'Wha, Queen's College, Belfast; Robert Petticrew, Queen's College, Belfast; John Ryan, Queen's College, Galway, and Catholic University School of Medicine; William Sexton, Queen's College, Galway; F. J. Tresilian, Queen's College, Cork.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, MAY 30, 1885.

EDITORIAL AND PERSONAL.

SEVERAL cases of cerebro-spinal meningitis have recently been admitted into some of the Dublin hospitals. The last time Dublin was visited with a serious epidemic of the disease was in 1867.

THE usual annual report of the Monkstown Hospital (Dublin), has just been printed for circulation. It shows that during the past year 211 were discharged cured, and that only five deaths occurred. The out-door patients numbered 1,700, and were medically attended 4,981 times. The Managing Committee asks that the subscriptions be increased, in order that they may better be able to meet the numerous demands made upon them. We hope the people of this wealthy locality will see their way to respond liberally to this charitable request.

ON Tuesday, the 12th May, the remains of the late Dr. John Neill, Resident Surgeon of Steevens's Hospital, whose melancholy death resulted from blood-poisoning, were removed from the hospital for interment in Mount Jerome Cemetery. Behind the hearse came the carriages with the chief mourners, and, immediately following the mourning coaches, the students of the hospital, and those of the Ledwich and Carmichael Medical Schools, to the number of about 150, walked four deep. Then came a long line of carriages, in which were representatives of the learned professions and other gentlemen. On the arrival of the remains at the cemetery, they were borne to the mortuary chapel by the students of Dr. Neill's class, who were also the pall bearers. The burial service was read by the Rev. Mr. Robinson,

Rector of Tallaght, assisted by the Rev. Mr. Dickin-son, Chaplain of Steevens's Hospital, after which the remains were laid in the family vault.

THE unfortunate experiences of many holiday-makers, bent on making the most of Whit-Monday as a time of relaxation and enjoyment, may very well suggest the inquiry whether these periodical suspensions of business are an unmixed good. Compulsory gaiety is often unsatisfactory, and when particular days are appointed for universal observance as holidays, it follows that all freedom of choice of such occasions is forbidden to the thousands whose only relief from toil is obtained as a result of the arrest of trading relations on days fixed for the purpose. Should these chance to be unpropitious, then no others can be looked forward to until the next ensuing general holiday, whereas, if it was optional when the day was taken, greater assurance of fine weather could be indulged in. We imagine a much better result would be obtained if any four days, instead of the fixed bank holidays, were allotted by Government to be observed by each worker under it. Possibly there might be greater difficulties attending such a scheme than are encountered at present—in respect to its working arrangements, that is; but that much of the drinking, with its attendant evils, which is almost inseparable from enforced idleness in wet weather, would be avoided thereby, is an inevitable reflection.

GREAT interest is being excited in connection with the experiments conducted by Dr. Ferran, a Spanish physician, who claims to have discovered that cholera may be rendered a simple disease by inoculation, the protected individuals being attacked with only a very mild and harmless form of illness when subjected to infection. Many thousands of persons have now undergone inoculation, and it is asserted that not one of them has succumbed to the disease when subsequently attacked by cholera. To what extent we may credit the enthusiastic reports thus far supplied on the subject, cannot as yet be decided; but that it is certain to become matter for full enquiry can now no longer be doubted. The latest action of the Spanish Government in connection with it has been to prohibit the inoculations, and the storm of debate certain to arise therefrom will, at least, lead to a full discussion. In the meanwhile, the French Government have acted most sensibly in view of a threatened outbreak, and have sent a Commission to Marseilles to enquire into existing means for meeting it, and to suggest additional measures against it.

LYNN, a pretty village in Cheshire, boasts a giantess, whose chief charm lies in the ponderosity of her body; her height being but five feet ten inches, goodly enough in an ordinary woman, but meagre for one weighing twenty stone ten pounds. When, however, it is added that this remarkable individual owns to only fourteen summers, it must be admitted that she is a veritable physiological curiosity, and as such, might readily constitute a

fit subject for the exercise of ingenuity on the part of candidates at examinations, whose replies to the question, "What circumstances may give rise to such over-growth?" would probably afford very entertaining reading.

A TERRIBLE scene was recently enacted in New York, where a professional swimmer named Odium performed the mad act of diving from the Brooklyn Bridge into the river, 135 feet beneath. The authorities, being informed of the intended display, took measures to prevent its being carried out, but Odium deceived them by a ruse, and succeeded in accomplishing his purpose. The occurrence is described thus:—The level of the bridge is 136 feet above the water. Odium stretched out his left arm at right angles, raised the right arm above his head, as if he was balancing, and threw his head backwards. The next moment he stepped off the bridge, the left foot forward. He fell for a hundred feet as straight as a plummet. Then the body swerved a little, possibly from the force of the wind, upon which Odium moved his right arm backwards, as if he was trying to regain his perpendicular attitude. It was a part of his plan, if the directness of his fall should be modified, to assume the shape of a ball as he neared the water, and accordingly he was noticed to draw up his legs, trying, as it were, to roll himself up. In this effort the unfortunate man failed, and when he struck the water, his body was curved backwards. Although he went scarcely a dozen feet below the surface, he was submerged for about three minutes. He came to the surface face downwards, limp and helpless, and when rescued, he presented a fearful spectacle. Such had been the violence of the impact with the water, that not only his swimming costume was burst, but also his skin, through which blood was flowing. Upon touching the chest, the blood poured from the lungs into the broken tissue with a horrible hissing noise. He recovered consciousness enough to ask whether he had made a good jump. Arterial blood then oozed from his lips, and after about half an hour of intense agony, he died. A post mortem examination showed that every rib had been broken, and all the principal internal organs were ruptured.

A WOMAN named Catherine Roche, living at Thurlow-street, Liverpool, was charged with stealing a barometer from the house of Dr. Paton, Rock Ferry. It appeared that about a week ago the prisoner called at a house in Rock Ferry with grate papers to sell. She disposed of one, and then asked permission to leave the others until the following day. While in the house she produced a barometer she had concealed about her clothing, and said she wished to sell it. The lady of the house refused to buy the article, and, believing that it had been stolen, she informed the police, who on Friday apprehended the prisoner when she called for the grate papers she had left. A day or two ago Dr. Paton called at the police office, and stated that a barometer had been stolen from the hall of his house, and it is believed the prisoner was the thief. The barometer which the prisoner offered for sale has not yet been found. The prisoner,

who is a returned convict, and at present under police supervision, was remanded.

LAST week the ceremony of unveiling a portrait medallion of the late Mr. Peter Squire, in the Pharmaceutical Society's house in Bloomsbury-square, was performed by Sir Spencer Wells, Bart., in the presence of a large gathering. The company included Sir Oscar Clayton, Dr. Morell Mackenzie, Mrs. Rose Mary Crawshay, Dr. Protheroe Smith, Dr. J. W. Ogle, Dr. Hare, and the Rev. W. Barker. The President of the society (Mr. Carteighe), in opening the proceedings, read letters from Sir Henry Acland (President of the General Medical Council), Sir John Clark, Bart., Sir Edmund Saunders, Dr. Quain, F.R.S., Dr. Charles West, Dr. Buchanan, F.R.S., Mr. White Cooper, F.R.C.S., and others, regretting their inability to be present, and expressing sympathy with the object of the meeting.—Sir Spencer Wells, unveiling the medallion, spoke of the feeling which a great many members of the medical profession had for Mr. Squire, and how much they felt the association of the work of the pharmaceutical chemist with their own. He then referred to the ability, energy, and industry with which Mr. Squire worked in arranging our present Pharmacopœia, and in bringing together the Scotch, Irish, and English Pharmacopœias so as to form one British work; and stated that when anæsthesia was first attempted in this country Mr. Squire constructed the apparatus by which the first operation was performed, which apparatus is now in the museum of University College. He concluded by expressing his admiration for the ability and industry which Mr. Squire evinced throughout his long life. Dr. Garrod, F.R.S., Mr. Haynes Walton, F.R.C.S., Dr. Theodore Williams, and Professor Bentley having also spoken, the proceedings terminated.

Medical News.

UNIVERSITY OF DURHAM.—At the recent examinations for degrees in Medicine and Surgery, and for certificate of proficiency in Sanitary Science, the following candidates satisfied the Examiners:—*Certificate of Proficiency in Sanitary Science*.—J. R. Roberts, M.R.C.S., L.R.C.P.; C. F. Walker, M.R.C.S. *First Examination for the Degree of Bachelor in Medicine*.—*First-Class Honours in Order of Merit*.—C. J. Evers, M.R.C.S., L.S.A., Queen's College, Birmingham; F. W. Edridge-Green, St. Bartholomew's Hospital. *Second Class Honours in Order of Merit*.—M. M. Bird, St. Mary's Hospital; J. T. James, Middlesex Hospital; J. H. White, of St. Bartholomew's Hospital. *Pass-List in Alphabetical Order*.—A. B. Blacker, M.R.C.S., L.S.A., St. Thomas's Hospital; E. J. Booth, College of Medicine, Newcastle; J. S. Bootiman, College of Medicine, Newcastle; R. T. Bowden, M.R.C.S., L.S.A., St. Bartholomew's Hospital; E. T. Carlyon, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; J. B. Close, St. Bartholomew's Hospital; C. Gayford, M.R.C.S., St. Bartholomew's Hospital; T. W. Gibbard, King's College; T. H. Godfrey, St. Thomas's Hospital; A. H. Hart, M.R.C.S., L.R.C.P., Queen's College, Birmingham; T. E. Honey, St. Mary's Hospital; F. Jeffree, M.R.C.S., King's College; A. J. Macnab, King's College; F. J. J. Orton, Queen's College, Birmingham; S. J. Palmer, St. Bartholomew's Hospital; W. G. Pridmore, Middlesex Hospital; T. Pye, St. Bartholomew's Hospital; L. Raby, London Hospital; A. Y. Reilly, M.R.C.S., L.S.A., Middlesex

Hospital; W. G. Reilly, Middlesex Hospital; H. G. Shore, M.R.C.S., St. Bartholomew's Hospital; F. W. Turtle, Guy's Hospital; B. Walker, London Hospital; A. G. Ward, M.R.C.S., St. Bartholomew's Hospital; J. Watson, Westminster Hospital; H. J. Wheeler, St. George's Hospital; L. Wilde, College of Medicine, Newcastle. The following passed in Chemistry:—A. S. Brewis, College of Medicine, Newcastle; T. Morton, College of Medicine, Newcastle; F. W. Ramsay, College of Medicine, Newcastle. The following passed in Botany:—W. D. Arnison, College of Medicine, Newcastle; T. Clifford, College of Medicine Newcastle; A. J. Hubbard, M.R.C.S., L.R.C.P., L.S.A., St. Thomas's Hospital. The following passed in Anatomy, Physiology, and Chemistry:—J. F. Blurton, Queen's College, Birmingham. The following passed in Anatomy, Physiology, and Botany:—G. T. Giddings, London Hospital. Two candidates for the certificate of proficiency in Sanitary Science presented themselves, and both passed. Of 60 candidates for the First M.B. Examination, 32 satisfied the Examiners. One candidate passed in Anatomy, Physiology, and Botany, and one in Anatomy, Physiology, and Chemistry.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Board of Examiners on the 19th instant:—Messrs. A. E. O'Leary, student of the Bristol School; W. H. F. Noble, and C. A. Duckett, of University College; A. E. Nuttall, A. Harris, and F. O'Kinealy, of St. Bartholomew's Hospital; H. Corner, and D. F. B. Cotes, of the London Hospital; H. A. Kidd, of St. Mary's Hospital; H. N. Edwards, of Guy's Hospital; S. M. Kaka, of the Grant Medical College; H. Danvers, of St. Thomas's Hospital; and W. J. B. Carter, of St. George's Hospital. Sixteen candidates were referred. The following gentlemen passed in Anatomy only:—Messrs. C. D. H. Rygate, and E. E. P. Tindall, students of Guy's Hospital; C. T. Bowen, of St. Bartholomew's Hospital; and J. T. R. Miller, of St. Thomas's Hospital. Three candidates were referred. The following gentlemen passed in Physiology only:—Messrs. H. F. Davis, student of the Bristol School; J. D. H. Smyth, of St. Mary's Hospital; J. Bampfylde, of Guy's Hospital; and S. E. Roester, of St. Bartholomew's Hospital. Four candidates were referred. The following gentlemen passed on the 20th instant:—Messrs. W. Halley, and R. E. Farnsht, students of Charing Cross Hospital; P. T. Carpenter, of St. Mary's Hospital; E. A. Tudman, of University College; J. M. Thorne, R. G. Hicks, P. W. Streetfield, and J. W. Smith, of Guy's Hospital; and G. S. Farquharson, of the London Hospital. The following gentlemen passed in Anatomy only:—Messrs. C. R. H. Buckley, J. P. Pendlebury, and O. G. Thorp, students of Guy's Hospital; W. G. R. Farquharson, and F. W. Guiselin, of St. Mary's Hospital; W. H. Hand, of St. George's Hospital; and F. W. Barton, of University College. The following gentlemen passed in Physiology only:—Messrs. H. E. Belcher, and H. H. Browne, students of University College; D. T. Jones, and C. J. Fuller, of Guy's Hospital; N. F. Fisher, and F. S. Reid, of the London Hospital; R. Stuart, of St. George's Hospital; J. E. Finnie, of the Liverpool School; E. Loveday, and T. H. Leggett, of St. Bartholomew's Hospital; and F. Osborne, of St. Thomas's Hospital.

FELLOWSHIP EXAMINATION OF THE ROYAL COLLEGE OF SURGEONS.—The following gentlemen passed their primary examinations in anatomy and physiology at the half-yearly meeting of the Board of Examiners for the Fellowship on the 26th inst., viz.:—Messrs. Edmund Vaudrey and Arthur F. G. Codd, St. George's Hospital; James T. James, Middlesex Hospital; John B. Lawford, McGill College; Henry J. Blakesley, Birmingham School of Medicine; Robert Heelis, St. Thomas's Hospital; Harry Littlewood, University College; and Charles S. Blair, London Hospital. The following gentlemen passed on the 26th inst., viz.:—Messrs. George A. Syme, Melbourne University; Alfred H. Tubby and Arthur S. Taylor, Guy's Hospital; Arthur W. Collins, University College; Robert T. Kent and John W. Smith, University of Edinburgh; Leonard A. Bidwell, St. Thomas's Hospital; Alfred H. Middleton, Dublin School of Medicine; and Hugh Smith, London Hospital.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday,

the 21st of May, 1885:—Oliver Wentworth Jones, Madras Medical College; Hugh Jones Roberts, Guy's Hospital. The following gentleman passed his examination in the science and practice of medicine, surgery and midwifery, and received a certificate to practise on the same date:—Thos. Chas. Mallet, St. George's Hospital.

VACANCIES.—The following vacancies are announced. Cambridge Union. Medical Officer, Rathool Dispensary. Salary, £115 per annum, and fees. Applications to Joseph Stacey, Honorary Secretary, up to May 30th. Election on June 1st. Chelsea Hospital for Women, Fulham-road, S.W. Assistant-Physician. Applications by May 30th.—Dental Hospital of London, Leicester Square. Assistant Dental Surgeon. Applications by June 8th.—Hospital for Diseases of the Throat, Golden Square, W. Resident Medical Officer. Salary, £50 per annum. Applications by June 1st.—Hospital for Sick Children, Great Ormond-street, W.C. Junior Resident Medical Officer. Salary, £50 per annum. Applications by June 3rd.—Manchester Hospital for Consumption and Diseases of the Throat. Honorary Assistant-Physician. Applications by May 30th.—Manchester Hospital for Consumption and Diseases of the Throat. Resident Medical Officer. Salary £40 per annum. Applications by May 30th.—Newark Hospital and Dispensary. House-Surgeon and Secretary. Salary, £100 per annum. Applications by June 1st.—Newcastle-upon-Tyne Infirmary. House-Surgeon. Salary, £50 per annum. Application to the Chairman of the House Committee by June 15th.—Parochial Board of Stronsay. Medical Officer and Public Vaccinator. Salary, £70 per annum. Applications to Mr. Learmonth, Inspector of Poor, Stronsay, Orkney, by June 4th.—Plymouth Public Dispensary. Second Honorary Physician. Applications by June 8th.—St. Bartholomew's Hospital. Two Casualty Physicians. Applications by June 5th. St. Helms' Friendly Societies' Medical Aid Association. Medical Officer. Applications to Mr. E. Fidler, Boundary Road, by June 20th.—West Bromwich Friendly Societies' Medical Alliance. Resident Medical Officer. Salary, £200 per annum. Applications to Mr. G. Abbott, 9, St. James Road, Sheffield.

APPOINTMENTS.—C. P. Childs, M.R.C.S., Assistant House-Accoucheur to King's College Hospital.—C. H. East, L.S.A., Physician Assistant to King's College Hospital.—J. P. Gray, M.R.C.S., L.S.A., Ophthalmic Clinical Assistant to King's College Hospital.—J. F. Harries, M.R.C.S., House-Surgeon to King's College Hospital.—E. A. Hughes, M.R.C.S., L.R.C.P., Physician-Accoucheur's Assistant to King's College Hospital.—F. Jeffries, M.R.C.S., House-Surgeon to King's College Hospital.—P. G. Lewis, L.S.A., Assistant-House Physician to King's College Hospital.—R. C. Priestly, M.R.C.S., House-Surgeon to King's College Hospital.

Examination Questions.

ROYAL UNIVERSITY OF IRELAND.

M.B. DEGREE EXAMINATION.

Midwifery; Obstetrics.—(Examiners, Professor J. A. Byrne, M.B., and H. M. Jones, M.D.)—1. What are the views which have been hitherto entertained as to the changes in the cervix uteri from the commencement to the termination of pregnancy? What are the latest opinions on the subject, and who are the authors? 2. In scolioidia, what pelvic changes are frequently found to co-exist with this deformity? 3. Describe the different fetal abnormalities which may be the causes of dystocia. 4. Describe the different pathological conditions which are included in the term puerperal fever. 5. Describe the mechanism of the descent of the breech in the third breech position, from its engagement at the brim to its birth, assuming that rotation occurs. 6. Plugging is resorted to in certain cases of hæmorrhage from abortion; also in so-called "accidental" hæmorrhage, and in placenta prævia. State clearly the conditions under which you would resort to this mode of treatment in these three forms of hæmorrhage, and any other precautions you would take, either previous to or succeeding the act of plugging. 7. A plethoric primipara, and an ætæmic multipara, are respectively attacked with eclampsia during the first stage of labour. State the modes of treatment you

would adopt in either case. 8. State your views as to the administration of ergot during and after labour. What are the contra-indications to its use before the delivery of the child?

Gynaecology and Diseases of Children.—1. Mention the different kinds of ulceration of the os and cervix uteri, and the diagnosis in each variety. 2. What treatment is recommended in cervical ectropium? Describe how ectropium takes place. 3. Describe a case of acute meningitis in an infant of one year. What is the treatment? 4. A patient, who is not pregnant, has had a sudden attack of syncope, attended with severe pelvic pain. This is shortly followed by difficulty in micturition and defecation. On making a vaginal examination, a soft swelling is discovered in Douglas's space, and the os uteri with difficulty is felt over the pubes. What is the condition you suspect, and how would you proceed differentially to diagnose it? 5. Having made your diagnosis, how would you treat the case, having regard to its various modes of termination? 6. Describe the formation and progressive changes in the vaccine vesicle; and contrast the course, character, and progress with the pustule of variola.

Medical Jurisprudence.—(Examiners, E. W. Davy, M.D., and Michael McHugh, M.B.)—1. What appearances in the dead body of an adult, found floating or submerged in a river, would, in your opinion, justify the conclusion that death had resulted from drowning, and had not occurred previous to immersion? 2. In the treatment of cases of acute poisoning, by what principles are we guided in the selection and employment of remedies intended to act as antidotes to the poison? Refer, in your answer, to illustrative cases. 3. From what signs observable in the dead body of a newly-born infant would you infer that it had completed, or nearly completed, the full term of utero-gestation? 4. In the case of a person found dead from the effects of a gunshot wound, what circumstances might enable the medical witness to determine whether the shot had been fired at the individual when close to the weapon, or at some distance from it; and explain how the determination of the question might be a matter of much importance. 5. What are the usual symptoms in poisoning by oxalic acid; and what would be the most appropriate treatment in such a case? State, also, how you would proceed to detect the presence of that acid in the contents of the stomach, where it has been the cause of death. 6. Describe the mode of applying the hydrostatic test; and state the chief objections to its indications taken alone, as determining live or still birth.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

EXAMINATION (FIRST PART.)—APRIL, 1885.

Chemistry and Chemical Physics.

Physics.—1. A pound of ice at the freezing temperature is stirred into a pound of water at the boiling temperature, and the temperature of the mixture is then found to be 10.5°C . (51°F). Similarly, a pound of water at the freezing temperature is mixed with a pound of water at the boiling temperature, and the temperature of the mixture is then found to be 50°C . (122°F). Explain this. Calculate from these data the latent heat of water. 2. Explain the principle on which the action of Bunsen's photometer (a transparent screen between two lights) depends. A candle, with a small screen fixed one foot in front of it, is held at various distances from a white sheet. Show the relation between the intensity of the light and the magnitude of the shadow on the sheet. 3. Show how, by the ordinary action of the electrical machine, the inside of a Leyden jar is charged with positive electricity. By what modified arrangement could the inside of the jar be charged with negative electricity?

Chemistry.—1. Thirty-three grammes of carbon disulphide are burnt with a good supply of air. Show by an equation what compounds are produced, and calculate the volume, at standard pressure and temperature, of the sulphur compound formed during the combustion ($\text{C} = 12$; $\text{O} = 16$; $\text{S} = 32$). 2. What phosphorus compound is contained in bone? How is it changed by sulphuric acid, and how can phosphorus be prepared from it? What are the chief properties of phosphorus? 3. Which of the following metals will decompose water, which are oxidized when heated in air, and which will liberate hydrogen from dilute sulphuric acid?—Copper, iron, zinc, sodium, silver. 4. A saccharine solution "ferments," an alcoholic solution becomes "sour," and an albuminous solution "putrifies," when exposed to air. What is meant by

these terms, and what are the chief products of the fermentation, the acidification, and the putrefaction, respectively, of the above solutions? 5. How is nitrous oxide prepared? Give an equation. What are its chief properties, and what volume of gas remains when excess of phosphorus is burnt in 100 cubic centimetres of it? 6. What is the composition of benzene (benzol)? How is it obtained commercially, how is it related to carbolic acid, and what are its chief properties?

Materia Medica, Medical Botany, and Pharmacy.—1. Enumerate the official compounds and preparations of lead. Give an account of the mode of preparation, physical and chemical characters, and general effects on the system, of the acetate of lead. 2. Refer the following drugs to their respective natural orders; mention their official source and nature; and state their general effects on the system:—podophyllum, kino, gentian, aloes, buchu, and guaiacum. 3. What is an alkaloid? Give a list of the official alkaloids, and refer them to their respective sources. 4. Enumerate the official compounds and preparations of ammonia. Give an account of the mode of preparation, physical and chemical characters, and general effects on the system, of the carbonate of ammonia. 5. Refer the following drugs to their respective natural orders; mention their official source and nature; and state their general effects on the system:—senna, catechu, calumba, scammony, uva ursi, and assafoetida. 6. Enumerate the official preparations of:—senega, cannabis indica, aconite, and belladonna.

SCOTCH TRIPLE QUALIFICATION.

APRIL, 1885.

Chemistry.—1. Describe the preparation of common alcohol, and state how it is related to ether, aldehyde, and acetic acid. 2. Explain the following terms, and illustrate your explanation by examples:—fermentation, atomicity, diffusion, dissociation. 3. How is bleaching powder made? Explain the action and use of chlorine and of sulphur dioxide in bleaching. 4. How is common sulphuric acid made? What volume of sulphur dioxide can be obtained from thirty-two grammes of sulphur?

Anatomy.—Give the origin, insertion, and nervous supply of the sterno-cleido-mastoid muscle. Name the structures superficial to it. 2. The scalp having been reflected, and the calvaria removed, describe, step by step, the dissection you would make in order to remove the brain from the cranial cavity. 3. At what joints do inversion and eversion of the foot take place? Name the muscles which invert the foot, and give their precise insertion. 4. Describe the course and relations of the ulnar artery in the fore-arm.

Physiology.—1. Describe the various structures which compose a tooth. State the position of the odontoblasts, and their relations to the various structures. 2. What do you understand by apnoea, dyspnoea, and asphyxia: how may they be severally produced, by what phenomena are they severally characterised, and how do they severally produce death? 3. State all you know of the effects of the galvanic and Faradic currents on muscle. 4. What are the sources of animal heat; where is it produced? how is it distributed, regulated, and dissipated?

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

"VINDEK" writes:—

"SIR,—As I hear constantly students saying the 1st professional of the King and Queen's College of Physicians in Ireland is a farce I should like you to insert the written questions given on April 6th, and following days examination. I'll say nothing about the oral, I think the questions set were equally as hard as those of London or Edinburgh."—

Anatomy.—1. Describe the following parts of bones:—Pterygoid process, acetabulum, sustentaculum tali. 2. Describe fully the articulation between the occipital bone and the atlas. 3. Give the attachments, uses, and nervous supply of the following muscles:—levator palati, supinator brevis, tensor vaginæ femoris. 4. Trace the course of the external iliac artery, and give its relations and branches. 5. What is the position of the following:—corona, radiata, internal capsule, tania semicircularis. 6. Describe the iris.

Physiology.—1. What albuminous substances are met with in blood serum? Give their principal distinguishing characteristics.

ties. 2. Give a short sketch of the nervous mechanism by which the movements of the heart are regulated. 3. Describe the physical and chemical characters of gastric juice, and give the changes produced in food by its action. 4. Give the composition of atmospheric air before and after it has been breathed, and state how you would demonstrate the existence of carbonic acid in the expired air. 5. Give the chief structural differences between the anterior and posterior roots of the spinal nerves. State how they differ in function, and how their difference is demonstrated. 6. Why does an object appear larger when it is near the eye than when it is far off?

Materia Medica.—1. Describe the process of separating morphia. What are the compounds of morphia in the British Pharmacopœia? To what natural order does taraxacum belong? Give its compounds and their doses. 2. Write a prescription for a vegetable bitter tonic containing a soluble salt of iron. 3. What is the process for chemically preparing salicylic acid? In what vegetable is it naturally contained? 4. Describe some of the principal non-irritating purgatives.

Chemistry.—1. How would you recognise urea, tartaric acid, and quinine? 2. Describe the preparation of nitric acid, and state how you would show the presence of a nitrate in a solution. 3. Find the weight of air required for complete combustion of 20 grains of carbon monoxide ($C = 12$, $O = 16$). 4. What is aqua regia? Write an equation in explanation of its formation. 5. Give the names and formulæ of the varieties of sugars which have been found in the tissues or fluids of the human body. 6. Enumerate the principal general tests for detecting the presence of proteid (albuminoid) bodies.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

A. S. H.—We cannot regard anonymous communications.

MR. LATHAM.—The article would be unintelligible without the illustration, but with it would be very instructive. Can you procure us the use of a block, which shall be returned? 1. The STUDENTS' JOURNAL was first published in 1872. Nearly all the vols. (save three or four) are out of print. The publishers will be glad to give you information as to which are still on sale. 2. "Tanner's Medicine" is an excellent guide, especially to young practitioners. 3. A third edition of Rutherford's "Histology" has been published. We are very much obliged for the kind expressions contained in your letter.

MR. FINGLAND.—Dr. Corfe's "History of the Apothecaries' Hall" has not been reviewed in our columns, for the simple reason that no copy has been sent to us.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. Balmano Squire, London; A. S. H.; Dr. G. M. Dartnell, Liverpool; Dr. Cresswell Hewett, Plaistow; Mr. V. A. Latham, Manchester; Mr. W. Fingland, Liverpool; The Secretary to the Local Government Board; Mr. J. Leslie, Newry; Dr. Armand Semple, London; Mr. E. Shawcross, Harrogate; Dr. Crowther, Luddenden; Dr. J. Brindley James, London; Dr. Collingridge, London; Mr. A. B. C. Orchard, Ebbw Vale; Messrs. Trubner and Co., London.

BOOKS, PAPERS, &c., RECEIVED.—A Manual of Health Science, by Andrew Wilson, F.R.S., "Combe Lecturer" on Physiology and Health, &c. (London: Longmans, Green, and Co.)—Medical Times—Medical Annals—Chicago Medical Journal and Examiner—New York Medical Record—British Medical Journal—Medical Press, &c., &c.

DISEASED MEAT.

A CORRESPONDENT sends us the following, with a request that we will invite the opinions of our readers on the point at issue:—

J. Nicoll, cattle dealer was charged with having in his possession a diseased carcass, which, there was reason to believe, he intended to sell to be used as human food. Dr. Murray (Forfar) declared that on the liver of the animal he found tubercles, and that as the blood must pass through the liver, the whole carcass must become impregnated with disease, and therefore, unfit for human food. Messrs. Ritchie and Anderson, veterinary surgeons, Forfar, and Mr. Sprent, veterinary surgeon, Dundee, declared that the disease, of which the tubercles were the evidence, was only local, and did not affect the whole carcass, and that, therefore, the meat was quite fit for human food. It should be also mentioned that the inspector at the Forfar shambles, and several local butchers, declared that the meat was not fit for human food, and that they would not expose it for sale. The case was dismissed. Dr. Murray sent the liver to Glasgow.

Do or do not the tubercles render the meat unfit for human food?

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

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NORRIS on the Physiology and Pathology of the Blood, 2s. 6d.; Henry Smith's Surgery of the Rectum, Fifth Edition, 2s. 6d. Bumstead and Taylor's Venereal Diseases, 4s. 6d. 259

BRODHURST on Curvature and Disease of the Spine, Third Edition; Heather Biggs' Manual of Orthopædy, and Warrington Howard's Treatise on Orthopædic Surgery; all good as new; the lot, 5s. 260

HANCOCK's Anatomy and Surgery of the Human Foot, 3s.; Duncan's Diseases of Women, 4s. 6d. 612

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Answers to numbered Advertisements to be addressed, under cover, care of Baillière, Tindall, and Cox, 20, King William Street, Strand, W.C.

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* Additional Local Secretaries are wanted.

MEDICAL DEPARTMENT.

WAR OFFICE,

27th May, 1885.

AN Examination of Candidates for Thirty Commissions in the Medical Staff of Her Majesty's Army will be held at the London University, Burlington Gardens, S.W. (by permission of the Senate) on the 10th August next, and following days, at 10 o'clock a.m.

Application for admission to the Examination should be made in writing, without delay, to the Director General, Medical Department, War Office, London, by whom a revised Schedule, containing further particulars, will be furnished.

(Signed) T. CRAWFORD, M.D., *Director General.*

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Notes by the May.

THE revised "recommendations" of the General Medical Council, as to the education and examination of students of medicine, will, if adopted by the Licensing Boards, add considerably to the difficulty and expense of obtaining a medical diploma. That the course of medical study should be five years instead of four, of which at least *four* winter and *three* summer sessions must be passed at a recognised medical school, will be a very serious matter for the large number of students who endeavour to qualify without adequate funds to back them up. At present the revised scheme is only a "recommendation," and it remains to be seen whether the various Corporations will adopt it. No doubt a portion, if not the whole, of the recommendations will come into operation shortly, for there is a very general opinion that something should be done to prevent the overcrowding of the profession, which threatens to become very serious.

DR. FERRAN, whose experiments in cholera inoculation have caused such a sensation throughout the civilised world, is very irate that the Spanish Government should have checked him in his mad career; but if it is true, as asserted, that five persons rapidly succumbed under attacks of virulent cholera, shortly after having been inoculated by Dr. Ferron, the Spanish public ought to feel grateful to their Government for interdicting crude and highly dangerous experiments until after due enquiry by a Board of experts.

I AM requested to announce that, by the kind permission of the Lord Mayor, a meeting will take place at the Mansion House, on the 19th inst., at 3 p.m., with the object of furthering the interests of the Volunteer Medical Staff Corps. One of the chief officials of the Corps has done me the honour of inviting me to address the meeting on the great occasion; but I shall probably help the movement more effectively by merely recommending, in these columns, all patriotic students—and where is the medical student who is not patriotic?—to attend, and give the noble movement their hearty support.

A FRENCHMAN has just conceived a grand idea; but I fear the poor fellow will not live to see it carried out. He proposes to build a gigantic tower, at least a thousand feet in height, on the top of which are to be arranged suites of rooms for the reception of consumptive invalids. By this means, he asserts, the blessed purity of mountain air may be brought within the reach of hundreds of phthisical patients who dwell in crowded cities, and thus avoid the fatigue and expense of a journey to the Swiss or Italian mountain health resorts.

A STUDENT of Charing Cross Hospital is anxious for information as to the time when the decision upon the essays sent in for the hundred guinea prize offered by the Medical Temperance Association will be announced. I understand that the essays, some

thirty-nine in number, are now in the hands of the judges, whose report will be presented at a special meeting to be held in October next, of which due notice will be given to students.

THE June number of the *Midland Medical Miscellany* contains a capital portrait of Mr. Malcolm Morris, F.R.C.S., Lecturer on Skin Diseases at St. Mary's Hospital. In professional circles Mr. Morris has earned considerable reputation in connection with literature. He is the English editor of the "American Journal of the Medical Sciences," the editor of "The Book of Health," a highly successful work written by various eminent medical authors, and it is said that he has been entrusted by Messrs. Cassell and Co. with considerable responsibility in connection with the production of the excellent series of medical manuals which they are now publishing.

A PARIS correspondent writes to the *British Medical Journal*:—A farm at Charenton has furnished somewhat startling evidence of the transmissibility of tuberculosis from man to domestic animals. One of the farm servants, who was phthisical and too weak to undertake fatiguing duties, was placed in charge of the poultry yard. He grew steadily weaker, and coughed incessantly, expelling a quantity of sputa, which the fowls were observed to swallow with avidity. In a few weeks the fowls began to die off. The owner of the farm sent one of the fowls to the veterinary school at Alfort. M. Nocard found that the lungs and liver were infested with tubercles about the size of a pea and of a grayish-yellow colour. In a microscopic preparation there were numbers of bacilli. The fowls were killed, and the poultry yard disinfected. A less honest farmer might have sent the tuberculous fowls to market, a probability which doubtless has been, and will yet be, a certainty not always easy to discover. The danger attending the consumption of diseased poultry, or milk from tuberculous cows, indicates that a rigorous system of inspection ought to be organised for markets, farms, and poultry yards.

THE Conway Board of Guardians are engaged in a little dispute with one of their medical officers, Dr. Davies, of the Creuddyn district, as to the supply of cod liver oil and quinine to paupers. These medical necessities are supplied by a chemist, paid for by the Board as extras, and, according to the statement of the Chairman of the Board, Dr. Davies' prescriptions show a very excessive and lavish use of these expensive drugs, the cost thereof having increased from £15 to £30. This increased cost, the Chairman pointed out, dated from the commencement of a misunderstanding with Dr. Davies as to the terms of his contract with the Board. After considerable discussion, it was decided that the doctor should not in future be allowed to order quinine and cod liver oil at the expense of the Board, but that he be allowed £10 a year to cover all extra medicines and extra fees. By this arrangement the Guardians would, in all probability, have much the best of the bargain.

A PROVINCIAL correspondent is anxious that the regulations of the proposed Teaching University of London should have a retrospective application, so that all students who have taken out all their lectures, as also those who have qualified as physicians and surgeons, may be eligible for admission to the "M.D." Examination. At present, attendance upon lectures and hospital practice are recognised only *after* matriculation. No doubt this point will receive attention in any new scheme of examinations, for the profession will not be satisfied unless greater facilities are afforded for obtaining the "M.D." degree.

CALCUTTA has for its little excitement in the shape of a Hindoo "pir" or saint from Bombay, who, it is asserted, has the power of effecting miraculous cures of diseases. His mode of life is thus described by a Bombay paper:—"During the last cold weather he passed fifty-one days in a tank by keeping nearly the whole of his body under water, and now he has been living for nearly a fortnight inside a pucca grave, six feet deep, which has been wholly covered over with masonry, keeping only a small hole (the diameter of which is about two inches) in order to serve him with his daily food, which simply consist of an orange or pomegranate juice, with one almond only. In this state he will remain for 51 consecutive days; and through the hole a string has been passed into the grave, one end of it being tied to a bell suspended on a bamboo post near the grave, to enable him to give the alarm in case he encountered any danger or mishap, by pulling the string and ringing the bell, also to respond to calls enquiring after his health in like manner, signifying thereby that he was all right. The pir entered the grave with his bedding, some holy books, two or three bottles of rose water, and one or two phials of otto of roses, after which the opening over the grave was blocked up, barring the hole, and then levelling the place with earth, some greens were sown, which being regularly watered, are thriving nicely all over the grave. The pir has taken the rose water with him, it is said, in lieu of plain water to wash his face, hands, and feet, before saying his daily prayers." It is suggested that the "pir" is not insensible to the charms of filthy lucre, and is well pleased when his merits are substantially recognised.

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NOTES ON ANATOMY.

By G. M. DARTNELL, L.R.C.S., &c.

(Continued from page 155.)

INTEROSSEI DORSALIS MUSCLES (4 IN NUMBER).

Origin.—Arise by two heads from the adjacent sides of the metacarpal bones.

Insertion.—Into the bases of the first phalanges, and into the aponeurosis of the common extensor tendon.

Situation.—Both the dorsal and palmar interossei occupy the intervals between the metacarpal bones.

Nerve.—Ulnar.

Action.—*Abduct* the fingers from an imaginary line, drawn longitudinally through the centre of the middle finger.

Note.—Between the double origin of each of these muscles is a narrow triangular interval, through which passes a *perforating* branch from the deep palmar arch.

FIRST DORSAL INTEROSSEOUS MUSCLE (ABDUCTOR INDICIS).

Origin.—By two heads separated by a fibrous arch; the *outer* head arises from the upper half of the ulnar border of the first metacarpal bone; the *inner* head from almost the entire length of the radial border of the second metacarpal bone.

Insertion.—Into the radial side of the base of the first phalanx of the index finger.

Nerve.—Ulnar.

Action.—*Abducts* the index finger.

Note.—This is a flat triangular muscle, larger than the other dorsal interossei. The radial artery passes *between* its two heads from the dorsum to the palm of the hand.

PALMAR INTEROSSEI MUSCLES (3 IN NUMBER).

Origin.—They arise from the entire length of the metacarpal bone of the finger into the phalanx of which they are inserted.

Insertion.—Into the side of the base of the first phalanx, and the aponeurotic expansion of the common extensor tendon of the finger corresponding to the metacarpal bone from which they arise.

Nerve.—Ulnar.

Action.—They *adduct* the fingers towards an imaginary line drawn through the centre of the middle finger. They also assist the extensor muscles, but when the fingers are slightly bent, they assist in flexing them.

Note.—Each finger is provided with two interossei muscles, with the exception of the little finger, in which the abductor muscle takes the place of one of the pair.

THE DIGITAL ARTERIES.

The digital arteries, four in number, arise from the superficial palmar arch. They supply the little finger, the ring and the middle fingers, and the ulnar half of the index finger. They run along the *sides* of the fingers and lie *beneath* the digital nerves, but in the palm of the hand the arteries are *superficial* to the nerves. The artery to the ulnar side of the little finger is single, but the other three bifurcate to supply contiguous sides of little, ring, middle, and index fingers.

LUMBRICALES MUSCLES.

Origin.—By fleshy fibres from the deep flexor (profundus) tendons; the first and second arise from the radial side, and palmar surface of the tendons of the index and middle fingers; the third from the contiguous sides of the tendons of the middle and ring fingers, and the fourth from the contiguous sides of tendons of the ring and little fingers.

Insertion.—They end in small tendons which wind to the radial side of the four fingers, and passing *beneath* the transverse ligament of the metacarpus are inserted into the expansion of the *extensor communis digitorum* tendons on the *back* of the first phalanges.

Nerve.—The two outer are supplied by the median, the others by the ulnar nerve.

Action.—They act with the interossei as flexors of the *first* phalanges and extensors of the *second* and *third* phalanges.

Note.—These are *four* little muscles, connected with the deep flexor tendons, and are named from their semblance to a worm.

THENAR AND HYPOTHENAR.

These are the terms applied to the fulness of the muscles of the thumb and first finger respectively.

LIGAMENTS OF THE WRIST JOINT.

Anterior.—A broad membranous band attached, *above*, to the styloid process and anterior margin of the radius, and to the ulna. *Below* it is inserted into the palmar surface of the scaphoid, semilunar, and cuneiform bones.

In Front.—Tendons of flexor profundus digitorum and flexor longus pollicis.

Behind.—Synovial membrane of wrist joint.

Note.—This ligament is *perforated* by numerous apertures for the passage of vessels.

Posterior.—Is less thick and strong than the anterior, and is attached *above* to the posterior border of the lower end of the radius, and *below* to the dorsal surface of the scaphoid, semilunar and cuneiform bones.

In Front.—Synovial membrane of wrist.

Behind.—Extensor tendons of the fingers.

External Lateral.—Extends from the summit of the styloid process of the radius to the outer side of the scaphoid, some of its fibres reaching to the trapezium and annular ligament.

Internal Lateral.—A rounded cord attached, *above*, to the extremity of the styloid process of the ulna, and *below*, dividing into two, to the inner side of the cuneiform bone and to the pisiform bone and annular ligament.

(To be continued.)

MEDICAL BENEVOLENT SOCIETY OF IRELAND.

THE annual meeting of this Society was held on Monday evening, the 1st inst., in the Library, Royal College of Surgeons, Dublin. The forty-third annual report, which was read, shows this valuable Society to be in a fairly good condition, and contains, what most reports do, a regret that its subscribers are so limited. During the twelve months ending 31st May, 1885, sums amounting to £1,406 16s. 8d. passed through the treasurer's hands, and of this amount the sum of £142 12s. will be added to the funded property. The amount of money distributed during the year was £215 to medical men, £973 to widows, and £84 to orphans. Reference is made in the report to the generous assistance and contributions received from medical students; and we must say that we consider it their duty to support a Society from which, if they are wise and prudent, they will all one day derive advantage. No one can doubt for a moment the enormous advantages to be obtained from this Society, and its value is more enhanced when we recollect the fact that poor law superannuation is now so fickle. A poor law medical officer in Ireland, is, say, compelled to resign from old age, having spent the best of his days in the service. He is not a favourite with some of his Union Guardians, from religious or other cause, and when the time comes for his application for superannuation to be considered, he finds that he has been refused, in other words, he is cast penniless on the world. If he is a subscriber to the funds of this Society, it steps in, rescues him from his position of want, and gives him a sufficient annual sum to enable him to live the end of his days in comfort and peace. Or take another case, a medical man, who has been cut off in the prime of life, without being able to make any provision for his family. His wife and children are aided by this Association to earn their livelihood in decency and respectability. Such then are briefly the advantages to be gained by being a member of this Society. In speaking at the meeting, Surgeon Tufnell made a very practical suggestion, and one to commend itself, though it may perhaps be loaded with technical difficulties. He proposed that an effort be made to secure the fund set apart for the Carmichael prizes for the use of the Society. These prizes are the interest of a sum of money left by Dr. Carmichael for a prize essay on the subject of the progress of medicine, during a triennial period. The value of this is about £300, and it has been gained by a number of medical men, more or less eminent. We must confess Surgeon Tufnell has right on his side in this matter, even though the subject may be one for argument. There is, in our opinion, no real practical value to be derived from this competition as it now stands, except to put so many sovereigns in the pocket of some medical man who may be the lucky writer of an essay which very few people read, and which is of no value, either professional or otherwise. A better mode of disposal could not be had than that suggested by Surgeon Tufnell, and we hope those who control this fund will see the very practical idea just mentioned.

From our knowledge of the work done by this benevolent institution, of the generous and disinterested assistance given by it, we have no hesitation in saying it fully deserves the attention of the public, as well as of those more immediately connected with its objects or associated with its work.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, JUNE 6, 1885.

EDITORIAL AND PERSONAL.

At the meeting of the Senate of the Royal Irish University held last week to confer degrees it was announced that at the second M.B. examination, First Class Honours and a First Class Exhibition of £40 were awarded to Mr. Ambrose Edward Ignatius Bermingham, of the Catholic University School of Medicine; Second Class Honours were awarded to Mr. Joseph W. Wilson, of Queen's College, Belfast. At the examination for the degree of Master in Surgery, First Class Honours and a special prize of £20 were awarded to Mr. William J. Cowdon, of Queen's College, Belfast; and at the examination for the degree of Master of Obstetrics, First Class Honours, and a special prize of £20 were awarded to Mr. Frederick James Tresilian, of Queen's College, Cork.

On Monday, May 18th, Dr. J. Russell Reynolds distributed the prizes to the students of the Bristol Medical School in the theatre of the museum, when a large number of members of the profession was present. Dr. Markham Skerrett (Dean of the Faculty of the Medical School) read the report, which showed that during the year, the number of new entries had been 23; the total number on the books being 96; it also spoke of the excellent character of work done during the year. Attention was drawn to the inconvenience resulting from the want of more adequate accommodation than was afforded by the present temporary buildings, and the hope expressed that the Council of the College would shortly be able to provide for the urgent requirements of the medical department. Dr. J. Russell Reynolds, having presented the prizes, gave an address to the students, which was received with decided marks of approval.

A CURIOUS accident, attended, unfortunately, with serious injury to a lady in the audience, occurred a few days ago at the Theatre Royal, Leamington. *Rip Van Winkle* was being played, and in the closing chorus of the first act, where the bayonets of the soldiers are struck down by the captain, the sword of the latter broke off at the hilt, and the blade struck a lady in the orchestra stalls on the temple, inflicting a severe wound. The lady was at once attended by Surgeon-General Ranking, who was amongst the audience, and to whose skilful treatment it is due that no ultimate dangerous consequences are likely to arise out of the disaster. Had the sword which proved so untrustworthy chanced to be one of those cheap and nasty articles so liberally supplied to our fighting men in the Soudan, it would be easy to understand the cause of the accident. But since it was in all probability a property sword that was employed, and such things, when meant for real use, are usually equal to the calls made upon them, the case is not so clear. However, it will probably be a lesson to managers in the future, to protect their patrons by giving their actors tried steel.

WHAT the *Echo* characterises as remarkable statements have recently been delivered *ad lib.* to credulous visitors to what is grandiloquently styled an "International Faith Healing Conference." It is, however, more than probable that medical men will be less prone than the amiable representative of the *Echo* to rank the assertions of the faith cured ones among mysterious marvels. The principal "cure" narrated at the first public conference was that of a woman who had been a sufferer from spinal disease for nine years, and whom all doctors failed to cure; but one day, while at prayer, she felt a sharp "crack" in her back, and, presto, she was well. What practitioner is there who does not know the sufferer from hysterical spine, the tedious and harassing succession of treatments, and the final causeless and inexplicable cure. Nothing more typical than these occur among the faith cure worshippers, and they are the best possible evidence of the real nature of the delusion, which it is to be feared is converted to base uses far too frequently. It is difficult to speak without indignation of much of the charlatany associated with this last redevelopment of a time-crusted craze; but as it has died away before, so will it most certainly do again.

THE Royal College of Surgeons in Ireland held a meeting, on Monday, the 1st instant, pursuant to the Charter, to elect Officers for the ensuing year, when the following gentlemen were elected:—President, C. A. Cameron; Vice-President, William Stokes; Secretary of the College, William Colles; Council—William Colles, Sir George H. Porter, J. H. Wharton, William A. Elliot, George H. Kidd, J. J. Tufnell, Edward Hamilton, Rawdon Macnamara, R. McDonnell, J. K. Barton, E. H. Bennett, W. J. Wheeler, P. C. Smyly, A. H. Corley, William Stoker, Samuel Chaplin, Austin Meldon, William Curte, and Henry Fitzgibbon.

DR. GEORGE P. O'FARRELL, who has been recently appointed Local Government Board Inspector for the Cork district, was, on Saturday last, presented with a testimonial by his numerous friends in Boyle (Co. Roscommon) and its vicinity, to mark their appreciation of his high qualities, and as a token of esteem. Dr. O'Farrell has been for a very long time connected with the locality, both as a magistrate, and as medical officer to the Union. He is a gold medalist, senior moderator, and travelling medical prizeman of the Dublin University. He enjoyed an extensive practice about Boyle, and is very much regretted. Colonel King Harman, M.P., on behalf of the subscribers, presented Dr. O'Farrell with a service of plate, value 120 guineas. An address was also presented, which stated that his kind consideration to the poorer portion of the community was one of the brightest ornaments of his character, and would cause his name to be held in grateful remembrance in many an humble home. Dr. O'Farrell suitably replied. Subsequently the members of the medical profession of North Connaught presented him with a gold watch, and, in the evening, he was entertained at a banquet.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations for the Fellowship on the 27th inst., viz., Messrs. W. H. B. Brook and Wilfrid Belgarnie, St. Bartholomew's Hospital; Cyril W. Jecks and Henry P. Dean, University College; Walter R. Jordan, Birmingham School of Medicine; Francis S. Hawkins and Herbert E. Crook, Guy's Hospital; William H. Tomlinson, Manchester School of Medicine; Arnold F. Bradbury, Newcastle-upon-Tyne School of Medicine; William R. Ackland, Charing-cross Hospital; and Ernest Solly, St. Thomas's Hospital. The following gentlemen passed on the 29th ult., viz.:—Messrs. John O. Tunstall, University College Hospital; James J. Clarke, St. Mary's Hospital; Harold K. Roper, Guy's Hospital; and Joseph J. Garmany, Bellevue Medical College. Ninety-two candidates presented themselves for the examination just concluded—of which number, 53 were referred.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received Certificates to Practice, on Thursday, the 25th of May, 1885:—Messrs. Thomas Pugh Beddoes, M.R.C.S., St. Thomas's Hospital; George Alfred Carpenter, M.R.C.S., St. Thomas's Hospital; Joseph Duncan Howe, M.R.C.S., of Guy's Hospital; George Selkirk Jones, Charing Cross Hospital; William Joseph Winckler, M.R.C.S., University College Hospital. The following gentleman passed his examination also in Surgery and Midwifery, and received his Certificate to Practice:—Mr. Charles Pye Oliver, Charing Cross Hospital.

VACANCIES.—Dental Hospital of London, Leicester Square. Assistant Dental Surgeon. Applications by June 8th.—Hospital for Consumption and Diseases of the Chest. Resident Clinical Assistant. Applications by June 13th.—Inverness District Asylum. Assistant Medical Officer. Salary, £80 per annum. Applications to Dr. Aitken, Medical Superintendent, by June 17th.—Newcastle-upon-Tyne Infirmary. House Surgeon. Salary, £50 per annum. Applications to the Chairman of the House Committee, by June 15th.—Plymouth Public Dispensary. Second Honorary Physician. Applications by June 8th.—St. Helen's Friendly Societies' Medical Aid Association. Medical Officer. Applications to Mr. E. Fidler,

Boundary Road, by June 20th.—West Bromwich Friendly Societies Medical Alliance. Resident Medical Officer. Salary, £200 per annum. Applications to Mr. G. Abbott, 9, St. James Road, Sheffield.

APPOINTMENTS.—T. P. Beddoes, M.R.C.S., Clinical Assistant in the Throat Department at St. Thomas's Hospital.—George Elder, M.D., Surgeon to the Samaritan Hospital for Women, Nottingham.—T. E. Gordon, M.B. Dur., M.R.C.S. Eng., Resident Surgeon at the Birmingham General Dispensary.—C. D. Green, M.B., L.R.C.P., M.R.C.S., House-Surgeon (extra) to St. Thomas's Hospital.—Walter Hull, M.B., L.R.C.P., M.R.C.S., L.S.A., House-Surgeon (extra) to St. Thomas's Hospital.—G. D. Johnston, L.R.C.P., M.R.C.S., Ophthalmic Clinical Assistant to St. Thomas's Hospital.—H. Cameron Kidd, L.R.C.P., M.R.C.S., Clinical Assistant in the Ear Department at St. Thomas's Hospital.—T. Glover Lyon, M.A., M.B., L.R.C.P., M.R.C.S., non-resident House Physician to St. Thomas's Hospital.—Joseph Emery Miller, A.B. and M.B., House-Surgeon to the Chester General Infirmary.—E. D. Ritchie, B.C., M.R.C.S., L.S.A., Assistant House-Surgeon to St. Thomas's Hospital.—Rolls E. Rouse, M.B., M.R.C.S., L.S.A., Resident Accoucheur to St. Thomas's Hospital.—Y. Saneyoshi, L.R.C.P., M.R.C.S., non-resident House-Physician to St. Thomas's Hospital.—J. Henderson Sellick, M.R.C.S., House-Surgeon to the North-West London Hospital, Kentish Town Road.—J. R. Staddon, L.R.C.P., M.R.C.S., Assistant House-Physician to St. Thomas's Hospital.—R. M. Williams, L.R.C.P., M.R.C.S., L.S.A., Resident House-Physician to St. Thomas's Hospital.

University, College, and Hospital Intelligence.

UNIVERSITY COLLEGE.

DISTRIBUTION OF PRIZES.—The distribution of prizes to the successful students in the Faculty of Medicine at this Institution took place on May 20th. The following are the principal awards:—Herbert Caiger, entrance exhibition of £100; H. M. Fernando, one of £60; and S. K. J. Brook, one of £40. The Atchison scholarship was obtained by Raymond Johnson, as was also the Bruce medal. O. J. Arkle was awarded the Atkinson-Morley scholarship, and H. P. Dean the Cluff prize. In Practical Surgery, the Erichson prize was obtained by E. H. Thane. In Physiology, G. E. Rennie, in the senior class, was awarded the gold medal; and C. H. Fernau and J. P. Parkinson, silver medals; while, in the junior class, H. M. Fernando obtained a silver medal. G. E. Rennie obtained the gold medal in Anatomy; and C. H. Fernau and J. P. Parkinson, silver medals; and, in the junior division, G. White was awarded a silver medal. In Medicine, F. W. Burton obtained the gold medal; and H. H. Brown and S. E. Holder, silver ones. Raymond Johnson received the gold medal in Surgery; and E. H. Thane, a silver one. In Practical Chemistry, H. W. Pictou was awarded the gold medal; H. H. Cayley and H. B. Kitchin, silver medals. The Tuke medal in Pathological Anatomy was awarded to Raymond Johnson. E. H. Thane received the gold, and Raymond Johnson the silver Fellowes medals in Clinical Medicine; F. W. Gee obtaining a silver medal in the junior class. In Clinical Surgery, J. J. Lister obtained the Liston medal; and in Clinical Dental Surgery, Raymond Johnson was awarded a prize.

UNIVERSITY OF BRUSSELS.

At the May examinations for the Degree of M.D., eleven English candidates presented themselves, of whom the following five were successful:—Messrs. W. Budd, H. Fenton (distinction in anatomy), H. Spencer (distinction in medicine and surgery), G. W. Steeves, C. R. Walker.

Examination Questions.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

EXAMINATION FOR THE LICENCE (THIRD PART OR FINAL).— APRIL, 1885.

Principles and Practice of Medicine.—1. Describe the symptoms and course of typhoid fever, and its principal complications. 2. Describe the symptoms, course, consequences, management, and treatment of whooping cough. 3. Trace the clinical and pathological consequences of suppurative otitis. 4. Describe a fit of ague, the forms of the disease likely to be met with in this country, and the treatment you would employ. 5. Describe the symptoms, course, and consequences of diabetes mellitus. Give the dietetic and other treatment proper to be employed. 6. What are the principal forms of jaundice, and how would you distinguish between them?

Midwifery and the Diseases of Women.—1. State the signs by which you would recognise the breech presenting, with the sacrum to the right sacro-iliac synchondrosis. Describe the mechanism and management of the labour. 2. Give the diagnosis and treatment of placenta previa. 3. Define uterine inertia, and give the best methods of managing a case of labour complicated with it in the first, second, and third stages respectively. 4. Describe the course of a case of phlegmasia dolens. 5. Give the differential diagnosis of cancer of the cervix, and its treatment under various conditions. 6. You are called to a patient who thinks she is pregnant; has a swelling in the lower abdomen, reaching half-way between the pubes and navel; and has been losing much blood. You find the cervical canal will admit the finger, which can feel a solid body in the uterus. Write a commentary, stating what the case might be, and how you would treat it.

Principles and Practice of Surgery.—1. Describe the formation of an acute abscess and its natural course. Under what circumstances is it likely to be followed by a fistula or sinus? 2. What are the dangers of a punctured wound of the skull? How would you treat such a case, with and without the presence of brain symptoms? 3. Give the causes, probable effects, and treatment of obliteration of an artery in its continuity. 4. Enumerate the circumstances under which tracheotomy may be required, and describe the operation. 5. How do bones unite after simple and compound fracture respectively? What are the causes of non-union? 6. Give the prominent symptoms of acute syphilitic iritis. What measures would you employ for its relief?

APOTHECARIES' HALL.

SURGERY.

Anatomy.—1. Give the boundaries of the ischio-rectal fossa. What are the structures cut through in lateral lithotomy?

Pathology.—1. What are the vascular changes that occur when gangrene of a limb ensues? 2. Suppose a case of acute osteo-myelitis of the lower half of the tibia going on to suppuration. Describe the changes that occur up to the time of the separation of the sequestrum.

Principles and Practice.—1. What are the varieties, signs, and various modes of treatment of fractured patella? 2. What are the symptoms of concussion of the brain, and compare them with those of compression? How would you treat a case of concussion? 3. What affections attack the meta-tarsal articulation of the great toe in particular? How would you treat a case of acute suppuration of the joint? 4. What are the conditions requiring lumbar colotomy?

MEDICINE.

Medicine.—1. Give the course of pleurisy, what complications are likely to arise, and how would you treat them (locally and generally)? 2. What are the symptoms of endocarditis? What are the disorders of the circulation to which it may give rise? 3. How would you proceed to diagnose clinically the seat of the more common abdominal tumours? 4. What are the symptoms of intracranial syphilis?

Pathology.—1. What are the causes of jaundice? 2. What are the chief animal parasites met with in man?

Therapeutics.—1. In what diseases is phosphorus used, and how would you use it?

Forensic Medicine.—1. What are the symptoms of poisoning by the mineral acids, and how would you distinguish what acid had been used by the appearance on the lips? 2. Name the more common British poisonous plants. 3. What are the signs of death by drowning, and how do they differ from that by hanging?

Toxicology.—1. How would you detect hydrocyanic acid in the contents of a stomach?

REVISION OF THE MEDICAL CURRICULUM.

The following are the new and revised "Recommendations" of the General Medical Council to the medical curriculum:—

The age of twenty-one should be the earliest age at which a candidate should obtain a licence to practise, and the age should in all instances be certified.

The course of medical study after registration should occupy at least five years, if the subjects of Elementary Physics, Chemistry, and Biology are included in that period, or at least four years if a satisfactory examination in these subjects has been passed previous to registration. Exception may be allowed in the case of any Graduate in Medicine of an Indian, Colonial, or Foreign University, or of any student who, having completed the full time required by the Medical Council, and having given satisfactory evidence of General Education, shall have spent the whole or three-fourths of that period at an Indian, Colonial, or Foreign University, the several Licensing Bodies being requested to communicate to the Council, annually, in the month of January, a statement of the action taken by them respectively during the last preceding calendar year, in regard to such exceptional cases.

At least four winter and three summer sessions should be passed at a school or schools recognised by any of the Licensing bodies mentioned in Schedule (A) of the Medical Act.

The following are the subjects, without a sufficient knowledge of which no candidate should be allowed to obtain a qualification entitling him to be registered:—(1) Chemistry, including the principles of the science, and the details which bear on the study of Medicine, and the rudiments of Heat, Light, and Electricity; (2) Anatomy; (3) Physiology; (4) Materia Medica and Pharmacy; (5) Pathology; (6) Medicine, including Medical Anatomy, Clinical Medicine, and Therapeutics; (7) Surgery, including Surgical Anatomy and Clinical Surgery; (8) Midwifery, including Diseases peculiar to women, and to new-born children; (9) Theory and Practice of Vaccination; (10) Forensic Medicine; (11) Hygiene; (12) Mental Diseases. *Note.*—It is to be understood, as regards the above-mentioned subjects, that the Council offers no opinion as to the manner in which the subjects should be combined or distributed for purposes of teaching.

The Professional Examination should be so framed as to secure that the knowledge of every practitioner whose name appears in the "Medical Register," has been tested in all the subjects of professional education which the Council deems essential. (*vide* 23.)

There should be at least three Professional Examinations.

The examinations, and the subjects included in each, should be such, and in such order, as may insure, as far as possible, a due continuity and sequence of study.

The Final Examination should not take place till the termination of the full period of medical study.

The Professional Examinations should be conducted both in writing and orally, and they should be practical in all branches in which they admit of being so.

Two Examiners at least should take part in every Oral and Clinical Examination.

A candidate should not be rejected on any written examination, unless his answers have been submitted to at least two Examiners.

Excellence in one or more subjects should not be allowed to compensate for failure in other subjects.

The Professional Examinations should be held by the several Licensing Bodies, at stated periods, to be publicly notified.

In no case should the examination of a candidate in any subject be conducted exclusively by his Teachers in that subject in the school in which he has been educated.

Every candidate for the Final Professional Examination should be required to give evidence that he has had sufficient opportunities of practical study, with care of patients, medical, surgical, and obstetrical, in hospital, dispensary, or elsewhere.

Correspondence.

VOLUNTEER MEDICAL STAFF CORPS.

To the Editor of THE HOSPITAL GAZETTE.

For the first time in the history of this country have medical men taken the initiative, outside the Army, of originating an ambulance movement. All the great movements have been originated by non-medical men. The National Aid Society, the St. John's Ambulance, and the training of Regimental Bearer in the Volunteer Force, were one and all started by philanthropic persons, some soldiers, some civilians. Unblushingly have doctors permitted others to do what was peculiarly their bounden duty.

For some time past, however, a body of medical men, calling themselves the "Volunteer Medical Association," have been at work, to organise a better state of ambulance affairs for the Volunteer Army.

The efforts of the Committee have so far succeeded, that the formation of a Volunteer Medical Staff Corps has been sanctioned by Government, and a grant of £400 for the Corps is included in this year's Estimates. Four Bearer Companies, composed of medical students from eight London hospitals, and of about 100 non-medicals, numbering in all about 400 men, have been formed and trained. Of these, two companies took a creditable part in the last Easter march to Brighton, and at the march-past on Easter Monday were addressed and complimented by H.R.H. the Duke of Cambridge.

It is to be hoped that this start will be sufficient to induce medical men to come forward and take their proper place in the ambulance affairs of the country. The Volunteer Army is pronounced unfit to take the field from want of transport and ambulance. It was the duty of medical men to remove the stigma under which they lay as far as the latter defect, and it may now be confidently asserted that a nucleus has been formed by which trained Bearer Companies may be supplied to the Volunteer Army; and it is hoped that medical men will come to the aid of the military branch of the Volunteers, which has done its duty in training, and rendering in an effective state, over 800,000 men.

At the initiation of such a movement, money has to be spent in organisation and equipment. This has, up to the present, been advanced by one or two individuals, but the expenditure required to start the work must necessarily go beyond the scope of individuals, and an appeal is now made to raise £1,000 to obtain the end in view. Head Quarters must be maintained, matériel must be provided, and it is confidently believed that the money will be forthcoming whereby to render it possible to continue the movement so well initiated.

The money of the country is not in the hands of self-sacrificing doctors, and whilst it is hoped medical men will add their quota, it is to the public we must look to aid in raising the sum required.

Never has the prospect of active service for Volunteers been so within measurable distance as at the present. With Russia in arms at the gates of India, the possibility (unless conscription is resorted to) of the Volunteers being called upon, must for years to come be an ever-present factor. Under these circumstances it is no idle words to say that it is essential to hasten the development of a branch of the Service, which will provide men, and especially young medical men, trained in the knowledge of ambulance work, and fit to undertake the special duties devolving on medical men during war.

In the event of a great war, let us not see a repetition of untrained dressers being sent to the seat of war, as happened during the Crimea, but let us be preparing in the time of

peace to supply surgeons, dressers and bearers, specially trained in the difficult duties necessary to be performed in the time of war. This can only be done after months of systematic drill and training, and it is to this end that an attempt is now made to develop for the Volunteer Army what the Medical Staff Corps is to the regular army; and not only so, but to be an efficient reserve for the Medical Staff Corps of the regular army itself.

Twelve months ago, the National Aid Society, ever ready in aid of such movements, granted £250, whereby to obtain the matériel necessary for training. This was in the early days of the movement; but now further funds are required whereby to meet the expenditure consequent on the establishment of the Corps on a regular basis.

Donations may be paid, to our joint credit, at Messrs. Holt, Laurie, and Co., 17, Whitehall Place, London, S.W.; or, if preferred, to Surgeon Lees Hall, Medical Staff Adjutant, Volunteer Medical Staff Corps, 26, King William Street, Strand, London, W.C.

Yours, etc.,

SIR GUYER HUNTER, K.C.M.G., Surgeon General,
Hon. Commander Vol. Med. Staff.

JAMES CANTLIE, Surgeon-Commandant,
Vol. Med. Staff.

Head Quarters,
29, King William Street, Strand,
London, W.C.

Notices of Books.

BARR ON DISEASES OF THE EAR.*

The sparse attention paid to the diagnosis and treatment of aural affections by general practitioners is probably due, in great part, to the small number of special works on this subject which are available for use by students of medicine. Any addition of value to the limited list ought, therefore, to be cordially welcomed, for the subject is undoubtedly one of the first importance, especially to young surgeons, who are often called upon to prescribe a method of relieving earache arising from various causes, particularly in children. It is equally certain, also, that owing to a want of accurate knowledge and clinical experience of diseases of the ear, general practitioners are not unfrequently baffled by simple cases, which, under ordinary circumstances, should cause no trouble, but which assume threatening features under treatment inappropriately pursued. It is with the object of remedying this defect in medical education that Dr. Barr has prepared this manual, and we have no hesitation in saying that he has, within reasonable limits, compressed an amount of solid information and direction for treatment, armed with which no one need be at a loss in the presence of any case of aural disease which he is likely to be called upon to relieve.

Dr. Barr is exceedingly clear in the descriptions he employs, and his instructions are practical and concise. In that troublesome and frequent class of cases in which mischief arises mainly from accumulations of cerumen in the canal, it often happens that much time is uselessly spent in diagnosis, and in abortive treatment. Concerning them our author offers most excellent advice, well calculated to assist the doubtful operator. Diseases of the middle ear are also most carefully and plainly considered; and, indeed, the whole work is admirably adapted to serve as a guide to the surgeon in practice, and as a manual of instruction to the student during his hospital career.

Athletics.

UNITED HOSPITALS' ROWING CLUB.

A MEETING of representatives of the various Hospital Rowing Clubs, was held at the London Hospital, on Wednesday, May 27th, 1885. The chair was taken by Frederick Treves, Esq.,

* Manual of Diseases of the Ear, by Thomas Barr, M.D. (Glasgow: James Maclehose and Co.)

F.R.C.S., who briefly explained the objects of the meeting, viz:—to establish an Inter-Hospital Challenge Cup for Rowing and a United Hospital Rowing Club. Among the other gentlemen present were Messrs. W. Malden, Captain J. Rust, Hon. Sec., and R. F. Jowers of St. Bart's Hospital R.C., E. Burnside of King's College Hospital, F. Preston, Capt., J. C. Dickenson, Vice-Capt., and F. J. Wethered, Hon. Sec. of the London Hospital R.C.; T. H. Clarke, Capt., M. Roberts, Hon. Sec., and B. Lawson of the Middlesex Hospital R.C. It was proposed by the Hon. Sec., seconded by the Capt. of St. Bart's Hospital R.C., and carried unanimously, "That a United Hospital Rowing Club should be established, and that a Challenge Cup be bought this year if possible." It was then proposed by the Capt. of the Middlesex H. R. C., seconded by the Capt. of the London H. R. C. and carried unanimously "That each Hospital be asked to subscribe from £5 to £7 towards the purchase of the Challenge Cup." The following gentlemen, were elected officers of the United Hospitals Rowing Club for the ensuing season:—President, Sir Andrew Clark, Bart.; Captain, Mr. W. Malden, St. Bart's Hospital; Vice-Capt. Mr. W. H. Beaumont, the London Hospital; Committee, a representative of each Hospital to be elected by the members of its own Rowing Club. Hon. Sec., Mr. T. H. Clarke, the Middlesex Hospital. It was also arranged that the Inter-Hospital Boat Race for 1885 should take place on Friday, June 26th., over the course from Putney Pier to Hammersmith Bridge.

CRICKET.

ST. THOMAS'S HOSPITAL v. WESTMINSTER HOSPITAL.

THE above match, in the first round of the Inter-Hospitals Challenge Cup, took place on May 29th, at Castle Hill, Ealing, and resulted in a victory for St. Thomas's in the first innings by 100 runs. For St. Thomas's, Geoghegan took 8 wickets for 20 runs in 17 overs (7 maidens), and for Westminster, Fox took six wickets for 55 runs in 28 overs (2 maidens). Score:—

Westminster.

1st Innings.		2nd Innings.	
W. Powell, b Geoghegan	- 6	b England	- 6
J. Dickinson, b Geoghegan	- 0	b G. Olivey	- 20
G. T. James, c Dutton, b Carey	10	not out	- 2
S. C. G. Fox, c & b Geoghegan	18	not out	- 97
C. S. Vines, c Barra, b Geoghegan	- 0	b Geoghegan	- 0
G. C. McMumm, c England, b Geoghegan	- 2	l b w, b Geoghegan	8
T. Robinson, c & b Geoghegan	5		
J. Orford, c Dutton, b Geoghegan	- 0	b England	- 6
W. Taylor, b Barra	- 2		
Twemlow, not out	- 3	c Carey, b England	2
C. R. Adams, b Geoghegan	- 0		
Extras	- 5	Extras	- 11
Total	- 51	Total	- 152

St. Thomas's.

W. J. Harris, b Fox	- - - - -	15
F. A. Stabb, c Orford, b Fox	- - - - -	37
A. S. Dutton, run out	- - - - -	0
B. de B. Carey, run out	- - - - -	6
E. B. Hill, retired hurt	- - - - -	21
G. F. England, c Robinson, b Taylor	- - - - -	7
J. H. Barra, b Fox	- - - - -	18
G. S. Olivey, c Adams, b Fox	- - - - -	2
W. J. Olivey, c Taylor, b Fox	- - - - -	2
J. P. A. Geoghegan, c Adams, b Fox	- - - - -	11
R. E. South, not out	- - - - -	14
Extras	- - - - -	18
Total	- - - - -	151

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "Gazette" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

MR. OLIVER.—We are much obliged for the questions, which will be most useful as a guide to future candidates.

MR. MANDURVALA is thanked for his contribution to our columns.

MR. GEOGHEGAN is thanked for his interesting communication. **COMMUNICATIONS, LETTERS, &c., RECEIVED.**—Mr. James Cantlie, F.R.C.S., London; Dr. J. Brindley James, London; Dr. G. M. Dartnell, Liverpool; Mr. W. Fingland, Liverpool; Mr. Pierre L. Haupt, London; Mr. W. Bryant, Manchester; Mr. Pankhurst, London; Mr. Ryan, Cork; Mr. W. H. Jones, Bristol; Mr. S. Owen, Leeds; Mr. Kestley, F.R.C.S., London; Mr. J. H. Clarke, Middlesex Hospital; Mr. C. Pye Oliver, Maidstone; Mr. Byrne, Dublin; Mr. T. Ledlie, Newry; Mr. F. K. Marmaduke, London; Mr. J. P. A. Geoghegan, St. Thomas's Hospital; Mr. Herbert Pratt, London; Mr. J. O. Byrne, Shanballymore, Cork; &c., &c.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—23 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

FOSTER'S Clinical Medicine, 3s. 6d., published at 10s. 6d. 121

NORMAN on the Physiology and Pathology of the Blood, 2s. 6d.; Henry Smith's Surgery of the Rectum, Fifth Edition, 2s. 6d.

Bumstead and Taylor's Venereal Diseases, 4s. 6d. 259
BRODHURST on Curvature and Disease of the Spine, Third Edition; Heather Biggs' Manual of Orthopraxy, and Warrington Howard's Treatise on Orthopaedic Surgery; all good as new; the lot, 5s. 260

HANCOCK'S Anatomy and Surgery of the Human Foot, 3s.; Duncan's Diseases of Women, 4s. 6d. 61s

FOR DISPOSAL, a skeleton; also a quantity of loose bones, and articulated skull, and Materia Medica specimens. Samman, London Hospital.

WANTED, Typical Microscopic Specimens, physiologic and pathologic (especially urinary deposits); or practical pathologist forming own collection could arrange to send duplicates occasionally. State subjects, price, &c. R. Uniacke, Ronayne, Youghal, Cork.

COLLINS' MICROSCOPE (new); coarse and fine adjustments; mechanical movements to stage; safety stage; B and D eye-pieces, 1 1-5th in. objectives; stage condenser; diaphragm; frog-plate; stage and eye-piece micrometer; Camera Lucida; and requisites for mounting, £8. 29

WANTED, Holme's Surgery; Playfair's Midwifery; Galabin's Diseases of Women; Greene's Pathology; Swain's Aphorisms (late editions). B. F. J., 45, High St., Stourbridge.

Answers to numbered Advertisements to be addressed, under cover, care of Baillière, Tindall, and Cox, 20, King William Street, Strand, W.C.

MEDICAL DEPARTMENT.WAR OFFICE,
27th May, 1885.

AN Examination of Candidates for Thirty Commissions in the Medical Staff of Her Majesty's Army will be held at the London University, Burlington Gardens, S.W. (by permission of the Senate) on the 10th August next, and following days, at 10 o'clock a.m.

Application for admission to the Examination should be made in writing, without delay, to the Director General, Medical Department, War Office, London, by whom a revised Schedule, containing further particulars, will be furnished.

(Signed) T. CRAWFORD, M.D., *Director General.*

CLINIQUE ON DISEASES OF THE SKIN.

PROFESSOR M'CALL ANDERSON'S Clinique on Diseases of the Skin (at the Dispensary for Skin Diseases, 8, Elmbank Street, Glasgow) will commence on Monday, 4th May, and be continued during the Summer Session every Monday and Wednesday, at half-past two, p.m. Students enrolled at the Dispensary, fee, One Guinea.

The Directors offer the sum of £5, to be expended in a Prize or Prizes to the most deserving students.

ESTABLISHED 1851.

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Vide THE LANCET, Feb. 24th, 1883; Vide BRIT. MEDICAL JOURNAL, March 17th, 1883.

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Vice-Chancellor Sir W. Page Wood stated that Dr. J. COLLIS BROWNE was undoubtedly the inventor of Chlorodyne, that the whole story of the Defendant Freeman was deliberately untrue.

Lord-Chancellor Selborne and Lord Justice James stated that the Defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

It was proved in Court, on affidavit by Mrs. Forbes, of Paris, that the testimonial published in the *Times*, November 14th, 1865, speaking of the great efficacy of Chlorodyne in Cholera, referred to Dr. J. COLLIS BROWNE's Chlorodyne, and that she never used any other; and she had written to the Defendant Freeman to that effect, notwithstanding which notice the Defendant publishes the said testimonial as referring to his medicine.

The Editor of the *Medical Times*, in his report on Chlorodyne, January 13th, 1866, gives information that the Chlorodyne referred to was the medicine introduced by a retired Army Medical Officer, which was Dr. J. COLLIS BROWNE; still this is published by the Defendant as testimony to his medicine.

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2ND COLLEGE & OPERATIONS ON DEAD BODY. *Vide above.*

Notes by the Way.

It is far from my wish to cause any unnecessary alarm, but to be forewarned is to be forearmed, and it is as well that we should recognise the fact that we are in imminent danger of an invasion of cholera during the present summer. Although the hot season can scarcely be said to have commenced, cholera has broken out in Spain and the South of France, and should the summer be a very hot one, there is no doubt that the dreaded disease will spread over the greater portion of Europe. Three conditions which are calculated to favor an outbreak of cholera are undoubtedly present in our large seaport towns, viz., overcrowding, poverty and dirt; want of work has caused great hardships among the labouring population, and it is no exaggeration to say that in the East End of London, thousands of persons have from this cause been for months past living on the verge of starvation; these will fall a ready prey to cholera morbus should it happen to break out during the coming summer.

The sanitary conditions in the poorer districts of London are far from what they should be. Bad smells, arising from neglected dustbins and unflushed sewers are far too prevalent, pointing to great neglect of duty on the part of sanitary inspectors. But an even greater danger than bad smells is the poisonous filth offered for sale by the purveyors of meat and fish in poor neighbourhoods. Much of the meat and fish sold to the poor would be condemned as fit only for manure were our sanitary officers alive to their duty. Only this week I saw a quantity of plaice being offered for sale which were far advanced in the stage of putridity, and which stank so abominably, that I was glad to give them a wide berth. Sanitary officers would do well to keep a close watch on fishmongers' and butchers' shops during the hot season.

In the current number of the *Fortnightly Review* Dr. Morell Mackenzie contributes an article on Medical Specialism, in which he asserts that the general physician is fast dying out, and that before long the profession will consist of only two classes, specialists and general practitioners. The day of the "pure" physician he thinks is over, and he ought gracefully to retire from the struggle, a beaten man. This may be Dr. Mackenzie's wish, but in my opinion it is far from being realised. For several years past I have watched the modern specialist closely, and in my opinion, he is losing rather than gaining ground. The air of superiority which he always assumes when called into consultation, has disgusted the general practitioner, and his big fees tend to keep the general public away from him. The great aim of the specialist when called by a general practitioner to see a case appears to be to get the patient into his own hands as speedily as possible, and when he succeeds, he generally makes good use of him if he can afford to pay good fees. My advice to the general practitioner is to keep away from the modern specialist if he wishes to keep his patient. Except it be an eye case, or the patient suffering from a disease peculiar

to women, it will, as a rule, be more satisfactory to seek as a consultant, the aid of a good all-round physician or surgeon. This fact is becoming recognised by general practitioners, and specialism, as I said before, is losing rather than gaining ground.

THE Berlin correspondent of the *Canada Medical and Surgical Journal* reports a curious case of abnormality of the genital organs which presented itself at Dr. Martin's clinic a few weeks ago. The patient was a woman, aged 35, of decidedly masculine build and features, whom nature had endowed with a double set of organs. She had two uteri, two cervixes, and two vaginæ. Her history was rather a sad one. She had come to Dr. Martin about 18 months before to know if she might marry with her abnormal organs. Dr. M. said she might, but she ought to tell her lover of the state of things. She did, and lost her lover. She now came to be treated for a uterine catarrh, giving the above history, and added that another suitor for her hand had recently come upon the scene. She was in a dilemma as to what course to pursue. She feared if she revealed her condition to this one he would treat her as the first had. She asked some very pertinent questions: that if she were to marry, might she not conceive in both uteri at different periods, and perhaps have two confinements in one month. Dr. M. replied positively, No, and said that as yet there is not an authentic case in which conception had taken place during pregnancy.

"MEDICUS" in a recent number of the *Standard* relates one or two instances of real "faith-healing" in his own practice. G. S., a patient of "Medicus" obstinately refuses to improve under the use of any drug so long as the writer calls his disorder "Indigestion," but call it by its medical name of "Dyspepsia" and improvement at once begins, only interrupted by an inadvertent use of the objectionable word. Another patient declares that her medicine when coloured red (with cochineal) suits her well, but without that colouring agent it induces all sorts of horrid symptoms. The merest mention of chloroform cured a long-standing pain in a lad's knee. He has a patient whom laudanum almost kills, but who suffers no inconvenience from tincture of opium. Often-times bitter drugs when called "Quinine" give terrible headache, but when duly coloured and re-christened agree well. The bearing of such facts upon faith-healing is quite obvious. No doubt any medical man could give similar instances which have occurred in his own practice.

I AM pleased to see that the House of Commons have rejected the Chancellor of the Exchequer's proposal to put an increased duty on spirits. The increased duty, had it been adopted permanently, would have added considerably to the expenditure of our large hospitals and workhouse infirmaries.

THE *Medical Times* reports that a chemist at Rochester who received a dispensary order from the surgeon to supply a truss for a male infant of three months old, told the mother that it would not be

possible for the child to keep the truss on until it could stand, and did not therefore supply the instrument. The child having since died, an inquest was held, at which the surgeon stated that the deceased suffered from "consumption of the bowels," and was greatly emaciated. He thought that not having a truss might have accelerated death. The chemist ought to have supplied what was ordered. The coroner naturally took the same view of the case, notwithstanding the chemist's sapient expression of opinion at the inquest that "trusses were of no use to young children unless they could stand upright."

THE necessity of inspecting the mysterious compounds sold in the streets as ice-cream is shown by the recent poisoning of several Lambeth persons after eating "ice-cream," purchased from an Italian in the streets. No doubt the poison had found its way into the cream as colouring matter, as too often deleterious mineral substances are used for this purpose, being cheaper than pure vegetable colouring agents. Public analysts would do well to dive into the mysteries of the ice-cream barrow occasionally.

I UNDERSTAND that the candidature of Dr. Danford Thomas for the newly-erected constituency of West Islington has been well received by the electors, and that his prospects of election are exceedingly good. A few additions to the medical element in the House of Commons are much needed, especially as Medical Reform must come on for discussion soon after the new Parliament assembles.

PERIPATETICUS.

A CASE OF SPERMATORRHEA.

By F. HOWARD SINCLAIR, L.R.C.S.I., L.M.K.Q.C.P.

The following case of Spermatorrhoea, of which I have taken notes, may be of interest, partly because its occurrence is doubted by so high an authority as Sir James Paget, and partly on account of its intractableness under all ordinary treatment:—

D. R., a clerk, aged 24, came under my notice in the beginning of March. He complained of great weakness, his feet dragging on the ground when walking; inability to walk steadily without the aid of a stick, sleeplessness and restlessness at night, inability to concentrate attention for any length of time on one subject, together with loss of memory and symptoms of digestive derangement (such as diplopia and *muscae volitantes*). The least irritation or sexual thought produced priapism. The patient had had nocturnal emissions once a fortnight from puberty until eighteen, when they became more frequent, and for the last four years have varied from two to four a week, but from July, 1884, up till the present time never less than three a week. The emissions as a rule were accompanied by erection, which I believe is a hopeful sign. It is no exaggeration to say that he presented a miserable appearance, caused by the continued unnatural drain on the system. On physical examination, myoidema was well marked; nervous action of the heart. The retina showed some hyperaesthesia, and the muscular system appeared exceptionally well developed. He had been the round of our leading physicians and surgeons, and had quite an array of prescriptions, amongst which I may mention—

Bromide of Potassium and Syr. Ferri. Dialy.
Belladonna and Sulphate of Zinc.
Strychnia and Arsenic.
Pills containing Phosphorus and Quinine.
Fellow's Syrup, Easton's Syrup.
Camphor to be inhaled.
He had passed a metal sound twice a week.

All these had been tried for reasonable periods, and with an amount of persistence which does credit to the patient's faith in our profession, but which had not in the slightest degree checked the emissions. The first thing in the treatment was to put the alimentary canal into a more healthy state. I ordered Fil. Rhei Co. gr. x., to be taken at bedtime, followed by Pulv. Seidlitz in the morning. Then before meals 1 dr. of Tinct. Cinch. Co. to be taken. This was but the preparation for the onslaught, and certainly no disease requires more rigid treatment than this. It must be met by a combination of remedies. After a few days, there being no change in the frequency of the emissions, I commenced with Liq. Ferri Perchlor. fort. m x., to be taken three times a day, after meals. Ordered patient to sleep cool, viz., keeping chest and feet well covered. Before going to bed to bathe with cold water the front of abdomen, from ensiform cartilage downwards, also the perineum, until a feeling of chilliness ensued. To be repeated in the morning. No food to be taken later than seven p.m. A "urethral ring" to be worn, with which, Milton says, in his excellent monograph, "a patient may almost set the disorder at defiance." (It may be made by folding a piece of note-paper in four, and inserting four drawing pins with their points directed inwards, and joining the two ends of the paper with a piece of tape tied in a bow.) Some vesicating collodion to be painted on perineum, and weak ($\frac{1}{2}$ gr. ad $\frac{3}{4}$ i.) solution of nitrate of silver to be injected every other day. On March 24th ordered the following prescription:—

R
Liq. Ferri perchlor. fort. m 520.
" Arsenicalis Hydrochl.
Spiritus Aether. aa. m 80.
Glycerini 3 ij.
Ammon. chlor. gr. xvi.
Aque ad 3 viii. m.
3 f. ter die.

The injections were applied to membranous portion of the urethra, which was highly sensitive. On commencing this treatment there were emissions on three consecutive nights, 21st, 22nd, 23rd March, then none for eleven days; then on two consecutive nights, April 12th and 13th; another interval of eight days, and an emission occurred on April 22nd. Again on May 7th and 8th there were emissions. The injections were now discontinued; an emission occurred on the 13th. There has been no recurrence since this date three weeks, which is the longest time D. R. has ever been free from them within his memory. He has gained nearly half a stone in weight during the last six weeks, and looks quite another man. The sexual irritability has disappeared. The important points in the treatment were the large doses of the perchloride of iron = 3i, of the tincture three times a day, and the perineal vesication.

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DOUBLE QUALIFICATION.

Medical Jurisprudence and Hygiene.—(Four questions, of which three are to be answered, and in these No. 3 and No. 4 must be included.) 1. Mention the various suspicious marks on a dead body which may be mistaken for bruises, and the manner in which the diagnosis is made. 2. Criminal abortion, what are the usual methods of effecting the crime? Detail the post-mortem appearances in each case. 3. Poisoning with copper, acute and chronic; give (a) the symptoms; (b) the treatment; (c) the post-mortem appearances; and (d) the analysis of the contents of the stomach. 4. Describe, in detail, the hygienic measures you would adopt in a case of small-pox occurring in a family, as regards (a) the patient, (b) the other members of the family, (c) the house.

Surgery.—(Three questions only to be answered.) 1. Fracture of the base of the skull. Mention its causes and symptoms according to the line of the fracture; and give the treatment. 2. Describe the varieties of indurated chancre. 3. Name the varieties of tumours met with in the testicle, and describe the

operation for excision of the testicle. 4. Give the symptoms of simple fracture at the lower third of the femur, below the nutritive foramen. Mention the usual displacement, with its causes, and state the proper treatment.

Surgical Anatomy.—(One question only to be answered.) 1. Describe the course and relations of the external iliac artery on the right side. 2. Describe the incisions necessary, and the various parts cut, or used as a guide, in the left lumbar operation for colotomy.

Therapeutics.—(Three questions, of which two only are to be answered.) 1. Mention the various therapeutical uses of arsenic, the diseases for which it is employed, also its preparations and doses. 2. Enumerate and explain the uses of nitrite of amyl in disease. 3. What are the physiological actions of scouite on the circulation, respiration, nervous system, and secretions? In what diseases is it employed? Prescription; Write in unabbreviated Latin, a prescription for a pill containing strychnia for a case of paraplegia.

Midwifery & Gynecology.—(Three questions to be answered, of which the last must be one.) 1. Give the causes and treatment of post-partum hæmorrhage. 2. Describe the factors, so far as known, bringing about puerperal convulsions. Give the treatment necessary during these attacks. 3. At what period of its development does the pterverted gravid uterus give rise to symptoms? State the symptoms and physical signs at this time, with the treatment required. 4. Give the causes, physical signs, and treatment of marked laceration of the cervix.

Medicine.—(Four questions, of which three are to be answered, and not more.) 1. Describe the appearance of the eruption in a well marked case of rupia. Give the causes, prognosis, and treatment of the disease. 2. Give the morbid anatomy, physical signs, general symptoms, and treatment, of a case of aortic regurgitation. 3. Give in detail the morbid anatomy of conditions which may cause obstruction of the lower bowel within the pelvis, describing the symptoms, and indicating how you would treat the obstruction in each case. 4. Describe the morbid anatomy of typhoid ulcers in the intestines, and show what dangers attend upon their formation.

ROYAL IRISH UNIVERSITY.

The following questions were given to a successful candidate in the recent First Medicine Examination of the above University:—

Botany.—Shown laurel; name order. How you would know it? Shown one of the ranunculaceæ; name order. Shown one of the alvaceæ; name the arrangement of stamens. Shown one of the papaveraceæ; name order. Shown a leaf; asked to distinguish whether it belonged to a mono- or dicotyledonous plant; also to state how you would recognise by means of the flower alone.

Zoology.—Shown skull of equus; asked class, order, and to name the bones under, and at the side of the eye (lachrymal and malar). Shown one of the ring crabs; asked to name its class, order, and say what was the sword-like part (telson). Shown common crab; asked class, and order, and name the triangular piece on under surface (post abdomen). Shown common worm; asked to name the enlarged portion in the middle of body (saddle). Shown a skeleton of bird; point out and name the bones of the leg, point out furculum, point out ploughshare bone.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

FIRST EXAMINATION. DIPLOMA OF FELLOW. MAY 22ND, 1885.

Anatomy.—1. Describe the steps of the dissection necessary to expose the whole of the external or convex surface of the spleen, without disturbing the relations of the organ. 2. Describe the sternum, defining the exact muscular attachments to it, and the relations of parts in contact with it. Explain how cleft sternum arises. 3. The gluteus medius; state precisely its origin and insertion; its connexions and relations; its vascular and nervous supply; and give its action. 4. Describe the origin, course, and relations of the vertebral artery, and of its branches in the neck. Mention its chief irregularities. (At least three of the four questions must be answered.)

Physiology.—1. Describe the development of the large intestine. 2. What views do you entertain concerning the mechanism of the secretion of urine? What objections may be taken to the view that filtration forms a part of the process? 3. Describe a tetanic contraction of a skeletal muscle, and the tracing that may be obtained from it. Discuss the nature of a voluntary movement, and of a single beat of the heart-muscle, giving full reasons for your conclusions. 4. How is the heat of the body generated and regulated? What evidence exists that the production of heat is under the control of the nervous system? (At least three of the four questions must be answered.)

SECOND EXAMINATION FOR THE DIPLOMA OF FELLOW. MAY 28TH, 1885.

Pathology, Therapeutics, and Surgery.—1. Discuss the origin, diagnosis, and treatment of the congenital cysts and fistulæ occurring in the neck. 2. What are the chief local conditions which interfere with the rapid healing of wounds? State how they may be best dealt with. 3. Describe in detail the course and symptoms of inherited syphilis from birth to adult life. Give the treatment appropriate to the principal affections. 4. Describe the principal constitutional conditions which affect the result of surgical operations.

The following *viva voce* questions were set to a successful candidate at the recent Final Examination for the M.R.C.S., Eng. The remarks appended are especially worthy of notice:

Cases (10 minutes).—*Mr. Bryant and Mr. Heath.*—1. Pelvic exostosis presenting in Scarpa's triangle—Was asked reasons for every question I asked. 2. Compound palmar ganglion—skin ulcerating from tension, combined with Dupuytren's contraction. 3. Sebaceous cysts of head—Treatment.

Anatomy (10 minutes).—*Mr. Hutchinson and Mr. Langton.*—1. Amputation of thigh by skin flaps and circular division of muscles. 2. Chopart and supposed disadvantage. 3. All tenotomies round foot and ankle. 4. Reduction of dislocation of elbow and humerus. 5. Olovehitch.

(1) **Pathology (10 minutes).**—*Mr. Lund and Mr. Croft.*—1. Pott's Curvature—Cause, early symptoms, pathology, treatment. 2. Aneurism (specimen of fusiform).

(2) **Pathology (10 minutes).**—*Mr. Pick and Mr. Hulke.*—1. Specimen of cured hernia—Changes that take place in sac. 2. Specimen of Intussusception. 3. Ruptured liver and spleen—Symptoms and treatment.

Remarks.—Must express my free opinion as to there being a great deal of luck in the examination. 1. As regards cases—one man having three or four most self-evident; another puzzling diagnoses. 2. Falling foul of the examiners' opinions, which disconcerts one. 3. Some of the examiners apparently holding a much higher standard of examination than their colleagues. 4. President of the examiners walking round and making "nasty remarks" at the side of the table of the man who has been kept waiting in a "funking" place 1–2 hours.

Medical News.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The examinations for the triple qualification of these bodies in Edinburgh, were held in April and May, when the following candidates passed:—**First Examination.**—J. Anderson, Chelmsford; W. Bell, Dumfries; S. L. Anthoniaz, Ceylon; W. C. Carnegie, Dublin; T. Onasen, County Limerick; F. W. Browning, Abergavenny; H. W. Bailie, County Down; A. W. Douglas, Aldershot; W. A. Gibson, County Dublin; W. F. Elliott, Armagh; O. F. Eddowes, London; I. H. Davies, Cymmer; J. S. Fallon, London; E. Gray, Kirkcaldy; A. J. Hamilton, Omagh; D. Henderson, County Armagh; J. Gordon, County Down; C. R. Hailes, Mangalore; O. Gilmore, County Down; W. M. Mackay, Caithness; T. L. Jones, Flintshire; B. MacDonogh, Surrey; E. Mills, Gloucestershire; H. Macpherson, Gloucestershire; H. O. Mill, Devonshire; J. S. Macpherson, Sutherlandshire;

J. McCaa, Glasgow; J. McElpatrick, Londonderry; W. R. McMaster, Omagh; K. B. Narayan, Cooch Behar, India; A. W. Marwood, Melbourne; R. Owen, North Wales; J. O. Reid, Edinburgh; G. H. Rutter, Kent; P. O'Sullivan, County Clare; R. C. Richards, Wales; O. F. Sizemith, Cavan, Ireland; T. Sheedy, County Clare; J. C. Sootchburn, Driffield; P. Sturrock, Pitlochrie; P. C. P. Taylor, Weston-super-Mare; F. F. Thorne, Lee, Kent; H. de O. Woodcock, Sheffield; W. J. Anderson, Toronto; and G. Gibson, Northwich, Cheshire. *Second Examination.*—G. S. Barstow, Pontefract; J. Doyle, Manchester; G. W. K. Hector, Aberdeen; C. E. Hollings, Farsley, near Leeds; A. G. Laidler, Barnard Castle; J. G. Mackay, Inverness; L. Birch, Manchester; G. T. Birkett, Egremont; S. L. Anthoniaz, Ceylon; J. Anderson, Chelmsford; G. A. Armstrong, Ireland; H. Grant, Edinburgh; J. G. Holmes, Leeds; T. S. Davies, Monmouthshire; F. H. Gaunson, Melbourne; F. J. Kenay, Calcutta; I. H. Davies, Cymmer; H. de C. Woodcock, Sheffield. *Third Examination, and admitted L.R.C.P. Edinburgh, L.R.C.S. Edinburgh, and L.F.P. & S. Glasgow.*—G. L. Bonnar, Cupar-Fife; W. G. Axford, London; G. S. Barstow, Pontefract; C. E. Hollings, Farsley, near Leeds; E. M. Inglis, Melbourne; D. J. Mason, Edinburgh; S. Partridge, Darlaston; J. M. Pickethall, Suffolk; J. Sheedy, County Clare; P. H. Salter, Ottawa; H. E. Shadwell, Norwood; H. P. Shuttleworth, London; E. R. F. Taylor, Richmond; and F. G. Westens, New Zealand.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH.—*Double Qualification.*—During the recent sittings of the Examiners, the following gentlemen passed their first professional examination:—T. J. Connolly, Limerick; E. A. Simeon, Delhi; H. D. Alleyne, Barbadoes; A. R. French, Bandon, County Cork; T. E. Moore, Dungiven, County Derry; C. L. Gabriel, Sydney, N.S.W.; A. Smith, Waterfall, County Cork; and J. C. Woods, Dromore, County Down. The following gentlemen passed their final examination, and were admitted L.R.C.P. Edinburgh and L.R.C.S. Edinburgh:—C. W. H. Abrahall, London; R. Adams, Rokeel; B. N. Basu, Ishapur, Bengal; E. G. Byrne, Cork; J. Davies, Liverpool; O. L. Frazer, Montrose; W. P. B. Goodridge, Childs Okeford, Dorset; R. D. Hartland, Lough View, Cork; A. M. Fraser, Colchester; D. Hassett, Knockaturney; M. M. Halley, Bedfordshire; A. O. Honnywill, Rochester; L. E. Portal, Mauritius; B. H. Parry, Llandagla, Wales; T. Roberts, County Cork; W. V. Roberts, North Wales; R. A. Scott, Yorkshire; A. E. Tunstall, Darlington; H. P. Huybertas, Ceylon; A. R. Steele, Aldershot; T. Weir, Rutherglen; J. H. Caird, Stirling; and P. Walsh, County Cork.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—The following Licentiates in Medicine of the College, having complied with the bye-laws relating to membership, pursuant to the provisions of the Supplemental Charter of December 12th, 1878, have been duly enrolled Members of the College:—S. Hamilton, Lic. Med. 1867, Falkland Islands; J. Ellis, Lic. Med. 1865, London. At a special First Professional Examination, held on Monday, May 4th, and following days, the undermentioned candidate was successful:—J. N. Robson. At the ordinary monthly examinations for the Licences in Medicine and Midwifery, held on Monday, Tuesday, Wednesday, and Thursday, May 4th, 5th, 6th, and 7th, the following candidates were successful:—*For the Licences to practise Medicine and Midwifery.*—E. Bielby, M.D., Berne; T. D. Browne; F. R. A. Evans; G. E. J. Greene; H. Stoker; M. A. Wade, Balbriggan, co. Dublin; J. T. Weston. *For the Licence to practise Medicine only.*—W. M. Nugent. *For the Licence to practise Midwifery only.*—T. J. Dillon, S. Horneck, G. S. Tate, M.D.

VACANCIES.—Burton-on-Trent Infirmary.—House-Surgeon. Salary, £130 per annum. Applications by June 17th. Derbyshire General Infirmary.—Resident Assistant House-Surgeon. Applications to E. C. Green, by June 17th. Hartlepool Friendly Societies Medical Association.—Assistant Medical Officer. Salary, £120 per annum. Applications to T. Tweddell, Commercial Terrace, West Hartlepool. Hospital for Consumption and Diseases of the Chest.—Resident Clinical Assistant. Applications by June 13th. Inverness District Asylum.—Assistant Medical Officer. Salary, £80 per annum. Applications to Dr. Aitken, Medical Superintendent, by June 17th. Newcastle-upon-Tyne Infirmary.—House-Surgeon.

Salary, £50 per annum. Applications to the Chairman of the House Committee by June 15th. Royal Albert Hospital, Devonport.—Assistant House-Surgeon. Applications to the Chairman of the Managing Committee, by June 16th. Royal Free Hospital, Gray's Inn Road.—Junior Resident Medical Officer. Applications by June 17th. St. Helon's Friendly Societies' Medical Aid Association.—Medical Officer. Applications to Mr. E. Fidler, Boundary Road, by June 20th. West Bromwich Friendly Societies' Medical Alliance.—Resident Medical Officer. Salary, £200 per annum. Applications to Mr. G. Abbott, 9, St. James Road, Sheffield. West London Hospital, Hammersmith.—Physician. Applications by June 29th. West Riding Lunatic Asylum, Wakefield.—Resident Clinical Assistant. Applications to the Medical Superintendent.

APPOINTMENTS.—Arthur Joynson Barnard, M.R.C.S., L.R.C.P., Junior House-Surgeon to the Royal Albert Edward Infirmary, Wigan. T. P. Beddoes, M.R.C.S., Clinical Assistant in the Skin Department at St. Thomas's Hospital. A. Hill Griffith, M.D. Aberd., Assistant-Surgeon to the Manchester Royal Eye Hospital. Gerald G. Hodgson, M.R.C.S., L.S.A., House-Surgeon to the Brighton and Hove Dispensary. Sidney Phillips, M.D. Lond., M.R.C.P., Physician to Out-Patients to the Paddington Green Children's Hospital. S. Plowman, L.R.C.P., M.R.C.S., L.S.A., Clinical Assistant in the Throat Department at St. Thomas's Hospital. Joseph Priestley, B.A., M.B., M.R.C.S., Resident Medical Officer to the Chelsea Hospital for Women. Edward Roberts, M.R.C.S., L.S.A., House-Surgeon to the Manchester Royal Eye Hospital. H. B. Robinson, L.R.C.P., M.R.C.S. Eng., Resident House-Physician at St. Thomas's Hospital.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, JUNE 13, 1885.

EDITORIAL AND PERSONAL.

THE annual report of the Mater Misericordiae Hospital, Dublin, just issued, shows the vast amount of work which has been done in that institution in relieving misery and suffering during the past year. Nearly 3,000 patients have been treated in the wards, whilst upwards of 23,000 have received medicine and treatment at the eastern dispensary. The most judicious economy has been exercised to bring the expenditure within the income, and the year which commenced with a debtor balance has ended with a small sum on hands. Notwithstanding all this, many had to be refused admission from want of accommodation, and to remove this defect, the building has been enlarged by an additional wing. There is one discouraging fact gathered from the report—that while hundreds of patients from all parts of the country are treated in the Hospital, the amount of subscriptions and donations from these districts are far short of what they should be. The number of medical cases

treated in the wards were 1,573, surgical 900, making a total of 2,473 and of these 1,896 were discharged as cured, 162 died, and 654 were discharged relieved, or their cases were hopeless. The average period of detention of each patient in the hospital was 21.3 days, and the cost of maintenance of each bed during the year was £24 7s. 1d. We are sorry to see that this valuable institution has not received better support, and trust that the next annual balance sheet will be much larger.

A VACANCY has arisen in the professorship of anatomy at the Owen's College, Victoria University, Manchester, and it is very probable that a spirited competition for the post will be witnessed. Among the candidates is one gentleman whose name is familiar to all readers of the HOSPITAL GAZETTE in connection with a series of valuable papers on the study of anatomy which recently appeared in our columns. The name of Dr. W. P. Mears is also generally known in association with the teaching of anatomy through his work on "Schematic Anatomy," the speciality of which has been extensively admired and approved by those entrusted with the instruction of students in this important branch of medical study. At Durham University School of Medicine, Dr. Mears has established for himself a high reputation as a teacher, and, as is borne out by the flattering testimonials he has received, the work he has been instrumental in accomplishing in this connection is most fully appreciated by the authorities. It will be a serious loss to the school, with which he has thus been identified for the last seven years, should Dr. Mears' candidature at Manchester be successful; but on the other hand a larger sphere of usefulness will be open to him in this event, and the scene to which his labours will be transferred will reap abundant advantages from his vigorous presence. We wish him complete success in the contest, and feel that such a result would serve as matter for congratulation as much to the Victoria University as to Dr. Mears himself.

THE Metropolitan Board of Works appears to entertain a curious idea of the duties which devolve on it in respect to the precautions it ought to take towards preserving the public health, supposing, that is, that the report of its proceedings, given in the papers of Wednesday last, is correct. It seems that, on Tuesday, at the Worship Street Police Court, a gentleman, living at Amhurst Road, Stoke Newington, appeared before Mr. Hannay, and asked if anything could be done by the Court to protect the inhabitants of his neighbourhood under the following circumstances:—The main drain which runs through the road had been opened up for repairs, but the work had proceeded very slowly. The drain had been fully exposed for the past three months, which was considered by the dwellers in the road to be an excessively long time for the necessities of the case. For many weeks the stench arising from the open drain had been unbearable. The windows could not be opened by day or night, because if they were, the house would become "permeated" with a

horrible smell. The applicant said he had been obliged to send his family away to the country, but they had lately returned, and since coming back the children had all been seized with violent diarrhoea. The medical attendant attributed the cause of the disease to the opened drain. In consequence of disease having broken out, the Sanitary Inspector of the Hackney district was written to, but he replied that his Board were not responsible for the opened drain, as the work was entirely in the hands of the Metropolitan Board of Works. The Metropolitan Board of Works officials were then communicated with, and were urged to expedite the work, as serious results were anticipated, but the reply was merely a formal acknowledgment to say that "the matter shall have attention." The inhabitants were very much dissatisfied, as they believed the drain was a great danger now that the hot weather had set in. Under these circumstances, it is disappointing to learn that the magistrate had no power to do more than recommend the applicant to consult a solicitor; and with such a danger as this report exposes in the midst of London, it is indeed high time the Board of Works should be informed that *salus populi suprema lex*.

THE Committee of the Royal Institute of Painters in Water Colours have consented, at the request of the Lady Mayoress, to give another representation of "The Masque of Painters" Tableaux Vivants at the Mansion House, on an early date, in aid of the Royal Hospital for Children and Women, Waterloo-bridge-road.

THE Annual Congress of the Sanitary Institute of Great Britain will be held this year at Leicester, and will commence on September 22nd next, on which day the President of the meeting, Professor F. S. B. F. De Chaumont will deliver an inaugural address. The congress will extend over four days, and will conclude with a lecture to the working classes on Saturday evening, September 26th. A Health Exhibition of sanitary apparatus and appliances will be held in the Floral Hall, Belgrave Gate, Leicester, during the congress, and will remain open till Oct. 10.

Two deaths from hydrophobia are reported in Manchester. The victims, who are a married woman named Martha Sheridan, and a coachbuilder named William Mellor, were admitted to the Infirmary on Saturday, and died on Sunday night in great agony. The woman was bitten by a mad dog some months ago, and the man quite a year since.

THE following reports on experiments on living animals, signed by Mr. George Busk, inspector, was issued on Saturday, among the parliamentary papers:—The total number of experiments of all kinds performed during the year was about 441. Of these, 140 were done under the restrictions of the license alone; 78 under the same restrictions, but under certificates in column 1 (lecture illustrations); 145 under certificates in column 2; 76 under those in column 3, and 2 under a certificate in column 4 (in the subjoined

tables). With regard to the infliction of pain, as in all the experiments, except those under special certificates in columns 2, 3, 4, the animals are rendered insensible during the whole of the experiment, and are not allowed to recover consciousness. No appreciable suffering would be caused if the provisions of the Act are faithfully carried out, as there is not the least reason to doubt they were. With respect to experiments under certificates in columns 2, 3, and 4, which dispense either wholly or partially, with the use of anæsthetics, it should be stated—(a) That of the 145 experiments performed under certificates in column 2, 99 consisted in simple inoculation with a morbid virus, in which no operation, beyond the prick of a needle was required, and for which the administration of an anæsthetic would only have entailed needless annoyance and distress to the animal. In these experiments, any appreciable suffering would be felt only in those cases in which the inoculation took effect, involving about the same amount of pain as ensues on ordinary vaccination, for the brief period the animals were allowed to survive. Of such cases, according to the returns I have received, about 16 occurred. Of the remaining 46 experiments under these certificates, 24 were performed for the purpose of medico-legal inquiries in cases of expected poisoning, resulting in the death by tetanus of three frogs and six mice, which survived, however, only a few minutes; 10 other cases under the same head were experiments on the infection of fish with a species of fungus very destructive in certain rivers and streams; and five on the effects of immersion of fish in distilled water, which proved fatal to about 30 minnows and sticklebacks. In none of these cases could it be said that any appreciable suffering was inflicted. In 7 cases in which salts of ammonia were hypodermically injected, 2 are returned as having suffered pain, but of a very trifling character. (b) Of the 76 experiments under certificates in column 3, 47 required a simple operation, but, this being done under anæsthesia, was unfelt, and the after effects, though in many of the cases resulting in partial paralysis, are reported as having been unattended with actual pain in any case. The remaining 29 were by simple inoculation and none were attended with pain. In conclusion, therefore, it may be stated that the amount of direct or indirect actual suffering, as the result of physiological and therapeutical experiments performed in England and Scotland, under the Act, in the year 1884, was wholly insignificant.

THE DIFFERENT FORMS OF MICRO-ORGANISMS.

By J. BRINDLEY JAMES, F.S.Sc., M.R.C.S., A.K.C.L.,
Author of Aids to Practical Physiology.

With the assistance of the microscope's guiding tube, we have been of late years enabled to penetrate mysteries undreamed of even by those of our ancestors who devoted their energies to the pursuit of natural science, and modern microscopists may be fairly likened to Columbus, De Gama, and their adventurous contemporaries, in having discovered a

new world, as hidden from our mediæval ancestors as ever were America and Australia. But even as the inmost recesses of the latter continent still need exploration, so likewise the microscopic world daily offers a fresh field for discovery to the scientific explorer. The last few years have witnessed the discovery and full investigation of minute organisms unknown before.

First in order come the *Schizomycetes* or vegetable organisms belonging to the Protophytes, and which may be thus sub-divided:—

I. *Micro-cocci*, small round or ovoid spherules of scarcely measurable size. These micro-organisms are found in

a Pus, joining together in chaplets.

b Septicæmia, micrococcal plugs in hepatic capillaries, the result of necrosis of the liver cells.

c Erysipelas.

d Small-pox.

e Diphtheria.

f Typhus.

II. *Bacteria* proper, minute cylindrical organisms, their ends presenting a rounded appearance, while their length does not exceed four times their breadth. These organisms are found in

a Spreading gangrene.

b Typhoid.

III. *Bacilli*. These minute bodies are more compact in form than Bacteria, occurring in the form of rods, whose length exceeds little more than twice their breadth, while their ends are square or pointed. They present different varieties, distinguished by their form or by their staining re-actions. They occur in

a Anthrax, in blood vessels of the liver, in the hepatic capillaries, but they leave the liver-cells unaffected.

b In tubercle of phthisical lungs, and may be seen in the sputa of phthisis.

c In leprosy, and may be detected in the leprous nodule of the testicle.

IV. *Spiro-bacteria*, as their name implies, differ from their predecessors in their conformation, consisting, as they do, of twisted or spiral organisms. This brief enumeration of the more recently known classification of these minutiae of nature will doubtless be in type surpassed by more penetrating discoveries still. "That which we know," exclaimed Laplace, himself a great discoverer, "is nothing; that which we do not—is immense." Though much has been discovered since his day, his observation still holds good, and should emulate the microscopist to still further labours.

Notices of Books.

ELLIS'S ORGANIC ANALYSIS.*

This is a capital little work which we have much pleasure in recommending to all students of chemistry, especially those who are preparing for the first M.B. examination. In the

* An Introduction for Practical Organic Analysis, by George E. R. Ellis, of University College, London, &c. London, Longmans, Green and Co.

compass of about seventy pages, Mr. Ellis has given all the best tests and reactions for detecting and determining all the organic substances the medical student is likely to be called upon to deal with, either in the laboratory, or at the examination table. The information is put before the student in a condensed form, and so clearly that he will be able to carry out the various details without further assistance. The work is a welcome addition to student literature, and, we have no doubt, will be much appreciated.

ABERCROMBIE'S GUIDE TO MEDICAL JURISPRUDENCE.†

In directing the attention of our readers to Dr. Abercrombie's "Guide to Medical Jurisprudence," we feel great pleasure at being able to bear testimony to its great practical value. It is no mere dry text-book, devoted to ponderous cut-and-dry theory; but it can be truthfully described as a most readable and entertaining work. All the more recent and notorious trials for murder and misdemeanour have been carefully and thoroughly investigated. To give the reader some idea of the excellent practical value of the work, we would refer to the admirable hints the author gives respecting "Early Signs of Death," e.g., "If, after careful auscultation for five minutes continuously over the region of the heart, in a room absolutely free from noise, the cardiac sound cannot be in the least detected; and if, at the same time, no signs of respiration can be in any way perceived—it may be stated, without hesitation, that the person is dead." Again, take another example, which, we are confident, will prove both novel and useful to many a practitioner. "It has been observed," he tells us, "that, if the human *head* be examined after death by transmitted light, it presents a marble-like and opaque appearance; while, during life, it is transparent and roscate." To turn to the subject of *premature interment*—doubtless a serious and alarming one—we are very glad to see the author devotes much attention to it, as will be seen on reading (page 22) the list of premature interments. We have always maintained our opinion, that it is the bounden duty of a medical man to carefully examine every case of death he may certify, as it is but too certain (shocking as it may appear) that more persons have been literally buried alive than the public are aware of. The subject of *wounds* of every description—an able classification of which will be found on page 107—is admirably treated; and we do not hesitate to pronounce the author's chapter on this important subject as the best we have ever seen. In the chapter devoted to the complex question of Poisons, the author has purposely—and, in our opinion, very judiciously—avoided details respecting the methods of research for the detection of poison in organic compounds—a subject at once comprehensive and complicated—which can only be profitably acquired by dint of practical experience in the laboratory. Moreover, analyses of this nature are invariably conducted by a specialist, who has devoted all his time and attention to the study of this difficult and delicate branch of practice. The subject of *Insanity* is treated with masterly skill in a very able chapter, in which the more recent trials of importance connected with it are introduced—the "Weldon v. Semple" case being an excellent sample. Throughout his well-written work, our author lays claim to no originality. But what is as meritorious and useful as invention or discovery, he has condensed and grouped together the chief pabulum of the works of Taylor, Tidy, Osapar, Guy, and other eminent authorities, in a readily accessible and compendious volume, in which is contained all the chief facts of Medical Jurisprudence.

In conclusion, we would remark that the work is a most readable one, and one that will be found (by practitioners as well as by students) both entertaining and highly instructive.

† The Student's Guide to Medical Jurisprudence. By John Abercrombie, M.D. Cantab., M.R.C.P., Lecturer on Forensic Medicine at Charing Cross Hospital. London: J. & A. Churchill, 11, Burlington Street.

"Are you having much practice now?" asked an old doctor of a young beginner. "Yes, sir; a great deal, thank you." "Ah, I am glad to hear it. In what line is your practice particularly?" "Well, sir, particularly in economy?"

THE COUNTRY SURGEON.

We are indebted to an Exeter correspondent for the following clever lines, which appeared in a local newspaper, some time ago:—

How sad his lot whom hard fates urge on
To practice as a country surgeon,
To drag a heavy, galling chain,
The slave of all, his bread to gain;
To smile and bow when sick and tired,
Considered but as servant hired;
Altho', by birth and education
Deserving high consideration.

At every quarter of the compass
A touchy patient makes a rumpus,
Because he is not seen the first—
Each patient thinks his case the worst.
Here lives a man with broken limb,
A lady there with nervous whim,
Who, in her wild hysteric fever,
Calls him a savage if he leave her.

And oft, at two points diametric,
He's sent for to a case obstetric;
For days and nights at some lone cottage,
Condemned to live on crusts and pottage;
And, that job over, lucky he,
If they do not go on "tick" for fee.
Returned at length, he finds confusion
Raging at home in great profusion.

First, Major Barker has the phthisis,
And scores of people wanting physis,
The parson's baby in convulsion,
And Mrs. Blockhead quite insulting,
Because the Doctor has not seen her
For two whole days! such vile demeanour,
Such gross neglect has no excuse,
Deserves (and gets) her worst abuse.

Day after day thus passes by;
To please all parties vain to try,
Striving to work two days in one,
The weary surgeon struggles on,
And worn like culprit on the wheel,
He sits him down to hasty meal,
Hoping for once, poor famished sinner,
In peace to get a quiet dinner.

He sits, when lo! a patient comes,
With foetid breath, bad teeth and gums;
The surgeon takes his dentist tools,
Fixes the forceps, tugs and pulls.
His dinner's spoilt, his hands a mess in,
All for a shilling—or a blessing.
Then comes the night: with toil oppress,
He seeks his bed, in hopes of rest.

Vain hopes—his slumbers are no more;
Loud sounds the knocker at the door;
A farmer's wife, at ten miles distance,
Groaning, cries out for his assistance.
Grumbling and stumbling in the dark,
He to the candle puts the spark;
And as he, yawning, grasps his breeches,
Envies his neighbours blessed with riches.

To ride, regardless of the weather,
Through snow or rain, and storm together.
So round and round the surgeon goes
(Who cares a button for his woes?)
Midst scenes of misery and grief,
Admitting of but small relief;
Witnessing patience under trial,
And fortitude beyond denial.

Witnessing grasping, selfish claims
In those who should have better aims,
So drags on life from day to day,
With little thanks and grudging pay,
Midst sneers, ingratitude, and laughter,
Perhaps reward may come—hereafter.

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MR. COOKE'S TABLETS OF ANATOMY AND PHYSIOLOGY (Longmans and Co.) contain "in the fewest words and plainest language, and in about one-tenth the space, the matter which is found in the most accredited standard works. The author is evidently a sound teacher."—*Lancet*. "Perhaps no anatomical or physical work is more universally appreciated."—*Students' Journal*.

2ND COLLEGE & OPERATIONS ON DEAD BODY. *See above.*

Notes by the May.

AN interesting correspondence between Dr. R. H. S. Carpenter, Hon. Sec. of the Medical Alliance Association, of the one hand, and the President and Secretary of the General Medical Council on the other, is published in the *British Medical Journal* of Saturday last. Some three years ago, public attention was directed, through Parliament and the Press, to the scandalous practice on the part of certain medical men in the poorer districts of London, of keeping unqualified assistants to manage so-called "Provident Dispensaries," and acting in every respect as qualified medical practitioners. Some cases were reported to the General Medical Council, which body, after inquiry declared that in future those who kept unqualified assistants in sole charge of branch practices, would be considered guilty of infamous conduct in a professional respect, so as to render them liable to be struck off the *Medical Register*. A few months ago, Dr. Carpenter complained to the General Medical Council of three practitioners who were keeping unqualified assistants in sole charge of branch practices or "dispensaries," and called upon the Council to exercise its powers. This the Council declines to do, and recommends Dr. Carpenter to initiate prosecutions against the offenders. At this Dr. Carpenter is naturally very indignant, and accuses the Council of being indifferent to its duty of upholding the honour and dignity of the profession. The honours of the correspondence are carried off by Dr. Carpenter, who gives both Sir Henry W. Acland, the President of the Council, and Mr. Miller, the Registrar, some good hard hits straight from the shoulder. I fear, however, that both reason and remonstrance are thrown away upon the Medical Council. Until the profession has direct representation on the Council, it is not likely that that body will take any action with a view to check the improper use of unqualified assistants.

FOR several years past the HOSPITAL GAZETTE has protested against the neglect of medical education at Oxford University. This, the foremost British University, has enjoyed medical endowments, and even boasts of a Regius Professor of Medicine, in the person of Sir Henry Acland, but, as a school of medicine, it may be said to have had no existence. Happily the progressive party at Oxford has induced Convocation to restore the medical faculty, and steps are being taken to arrange the classes necessary for the first two years of medical and scientific subjects in the curriculum, and also provide reasonable regulations for examination for the titles "M.B." and "M.D." It is to be presumed that in future the Regius Professor of Medicine at Oxford will have more important duties to discharge than the drawing of the emoluments of a sinecure office.

LAST week the President of the Royal College of Surgeons of England, Mr. Cooper Foster, gave what is termed a "private conversazione" at the College, to which about 1,200 guests were invited. In my

opinion the use of the College buildings by the President, for the purpose of entertaining his private friends, and, for aught I know to the contrary, his patients as well, is an abuse of his position, and should be vigorously protested against by the members of the College. No one ever hears of the President of this august body offering the hospitalities of the College to the members. Of course it is not to be expected that all the members of the College can be entertained at one time, but a selection might be made each year, including those who have taken the College membership or fellowship during the preceding twelve months. Whether this is done or not, the arrangement by which the President entertains his private friends at the College should be put a stop to at once. If his own private residence is not sufficiently commodious to accommodate all his friends, he would have no difficulty in hiring a suite of rooms in the West End, suitable for the purpose. Mr. Cooper Foster is an exceedingly nice gentleman, and he will, I feel sure, excuse me for dropping this hint. I know he has only done the same as his predecessors in the office have done, but it is high time that these little "private" gatherings at the College were put a stop to, and I hope his little affair of last week will be last of the series.

It is satisfactory to find that Dr. Murphy's services in the cause of public health have been recognised by the Government, in offering him an inspectorship under the Local Government Board, worth about eight hundred a year. This will doubtless be regarded by Dr. Murphy as a set-off against the shabby treatment he received at the hands of the St. Pancras' Vestry whilst he acted as Medical Officer of Health for that district.

HIS Worship the Mayor of Lincoln (Mr. F. J. Clarke), the proprietor of the well-known medicine entitled "Clarke's Blood Mixture," has announced his intention of building a new Roman Catholic church and presbytery in Silver Street, Lincoln, the cost of which will be about £14,000. This is the most recent of Mr. Clarke's acts of generosity with capital presumably drawn from the sale of his medicine, and well illustrates the gullible nature of the public, and their susceptibility to the charms of the empiric.

AT the recent commencement of the Women's Medical College of the New York Infirmary the distinguished guests included the Chinese Consul, conspicuous by his blue coat and blue skull-cap. He was there because a young Chinese woman was among the graduates—Miss Kin Yamei, or, in English, May King. She is the first of her sex from the Celestial Empire who has graduated in medicine in the United States, and is said to be an expert linguist. After perfecting her studies in medicine, it is her intention to practice among her own countrywomen.

THE election of Dr. Sydney Ringer as a Fellow of the Royal Society is a well-merited honour. For many years he has devoted himself to the study of

the physiological action of drugs, and few men in the history of medicine have done so much to place the practice of the art of healing on a scientific basis as he has. It is not so easy, however, to account for the election of Sir Andrew Clark to the coveted honour. What has he done for original research? I am totally ignorant upon this point. He has certainly pursued the practice of his profession with perseverance and success, and he has been rewarded, so rumour has it, with a very handsome income. But Sir Andrew Clark will not live in history as a man who devoted himself to scientific research. True, he occupies a great position as a fashionable physician, and he may perhaps claim to be quite as deserving of the honour as Sir William Gull was when he was elected F.R.S.

In his clever sketch of Society in London, "A Foreign Resident," describes Sir Andrew Clark as a careful doctor and a good high churchman, who has a happy faculty of oracular utterances, clinches his counsel to his patients by solemn aphorisms and emphasises the simplest of sanitary rules with sonorous platitudes. These are the pabulum aristocratic patients require, they must have something for their two guineas. Sir William Gull, he says, is endowed with all of Sir Andrew Clark's command of noble and sagacious sentiments. He plumes himself on his power of probing the secret hearts of his patients to their lowest depths by pregnant and pithy pieces of professional sententiousness. "It is worth paying a couple of guineas to store one's memory with the wise saws and modern instances of which he is full," says the "Foreign Resident," but for my own part I would rather invest a penny in "Tit Bits."

TRADE depression seems to have a bad effect on the "Hospital Sunday" collection. At many churches the amounts collected were considerably below those received on former occasions, and it is likely that the total will not reach last year's collection by many hundreds of pounds.

PERIPATETICUS.

Original Papers.

NOTES ON ANATOMY.

By G. M. DARTNELL, L.R.C.S., &c.

(Continued from page .)

LIGAMENTS OF THE CARPAL BONES OF WRIST.

Dorsal (2)	}	Articulations of the First Row of Bones.
Palmar (2)		
Interosseous (2)		
Dorsal (3)	}	Articulations of the Second Row of Bones.
Palmar (3)		
Interosseous (2)		
Anterior (Palmar)	}	Articulations of the Two Rows with each other.
Posterior (Dorsal)		
External Lateral		
Internal Lateral		

Note.—These ligaments connect together the different bones of the carpus, except the pisiform, which has a separate capsular ligament.

METACARPAL LIGAMENTS.

The metacarpal bones (*except* the first) are connected with the second row of the carpus by *dorsal* and *palmar* ligaments, and the four metacarpal bones are joined together by *transverse* dorsal, palmar, and interosseous ligaments.

Note.—The first metacarpal bone has a separate capsular ligament, connecting it with the trapezium, this joint being *enarthrodial*.

METACARPO-PHALANGEAL ARTICULATIONS.

These are of the nature of a *ginglymus*, or hinge, articulation, the rounded head of the metacarpal bone fitting into a cavity in the extremity of the first phalanx.

Anterior.—*Glenoid* ligaments of Cruveilhier, are thick, dense, and fibro-cartilaginous in texture. Each is placed on the palmar surface of the joint, in the interval between the lateral ligaments to which they are connected; they are *loosely* connected to the metacarpal bone, but *firmly* to the base of the first phalanges.

Lateral.—Strong rounded cords, placed one on each side of the joint, each being attached to the tubercle on the side of the head of the metacarpal bone, and to the contiguous extremity of the phalanx.

Note.—The *posterior* ligament is supplied by the *extensor* tendons.

PHALANGEAL ARTICULATIONS.

Anterior.—These are strong bands connecting together the anterior surfaces of the phalanges.

Lateral.—Strong bands situated at the sides of the phalanges, which they bind together.

Note.—The *posterior* ligament is formed by an expansion of the *extensor* tendons, as in the case of the metacarpo-phalangeal articulations.

BURSÆ OF UPPER EXTREMITY.

1. Between supraspinatus muscle and the acromion end of the spine of the scapula.
1. Between the insertions of the latissimus dorsi and teres major muscles.
1. Between the olecranon process of the ulna and the tendon of the triceps muscle.
1. Between the tubercle of the radius bone and the insertion of the biceps muscle.
1. Between the tendon of the subscapularis and the base of the coracoid process.
1. Between the head of the humerus and the deltoid muscle.

SYNOVIAL MEMBRANES.

1. In the shoulder joint over articular surfaces and capsular ligament.
1. In the elbow joint between the humerus, radius, and ulna.

1. Between the radius and ulna bones.
1. Between the radius and the three outer bones of the first row of carpal bones.
1. Between the first and second carpal bones.
1. Between the trapezium and metacarpal bone of the thumb.
1. Between the cuneiform and pisiform bones.

(To be Continued.)

University, College, and Hospital Intelligence.

CAMBRIDGE UNIVERSITY.

Medical Examiners.—The following examiners were appointed last week:—**Third M.B. Examination.**—Dr. Octavius Sturges, Emmanuel; Dr. Norman Moore, St. Catharine's; Dr. Donald Macalister, St. John's; Dr. W. O. Priestly, Edinburgh. **Surgery.**—Mr. Christopher Heath, F.R.C.S., Mr. David Colley, Trinity. **State Medicine.**—Dr. Alfred Carpenter, London; Dr. F. B. de Chaumont, Edinburgh; Dr. Hubert Airy, Trinity; Sir Charles A. Cameron, President of the Royal College of Surgeons, Ireland.

OXFORD UNIVERSITY.

NEW MEDICAL REGULATIONS.—Congregation has approved the Preamble of a Statute for constituting a Faculty of Medicine, as distinct from the Faculty of Natural Science, and for its representation by a separate Board; and of another amending the examinations and exercises required of candidates for Degrees in Medicine. These Statutes have drawn forth numerous criticisms, which have been circulated in the University; and, to the second of them—that relating to the Examinations for the Medical Degree—numerous amendments were notified in Congregation. The chief points of criticism were the provision as to the standing required before proceeding to the Degree, which was regarded as insufficient; and the recognition of the Examination of the conjoint Board of the Colleges of Physicians and of Surgeons as a substitute for portions of the University Examination. The Dean of Christ Church maintained that the principle of such a substitution was admitted in other Faculties. Dr. Champneys pointed out that the Examination of the conjoint Board was an admirable *minimum*, not equal to that for the Oxford M.B. Oxford stood alone in attempting reciprocity. In the case of other licensing bodies, all had been given—nothing received. Oxford alone offered a large concession for a small return. The Oxford graduates were, he said, unanimously opposed to the scheme. Dr. Bruce Clarke spoke in the same sense. He also spoke against the limitation of time. It was impossible to pass all the examinations in 20 terms—which, being terms, was far less than a continuous five years of study. He would extend the proposed time by a year, and the interval between the M.B. and the M.D. from one year, as proposed, to three. Sir Henry Acland gave a history of the difficulties connected with the attempt to systematize the medical education of the Empire, and the repeated failures to legislate in Parliament on the subject. In consequence of these failures, the conjoint Board Examination had been instituted. It was to be allowed, not as a substitute for the Degree Examination, but as a certificate of a pass standard, to which the University might add its own requirements.

ST. THOMAS'S HOSPITAL.

DISTRIBUTION OF PRIZES.—On Monday afternoon last, a large number of ladies and gentlemen, friends and relatives of the students, assembled at St. Thomas's Hospital to witness the annual distribution of prizes to the students of the Medical School. The Lord Mayor (who had consented to distribute the prizes), accompanied by the Lady Mayoress and a party of

friends, reached the Hospital at three o'clock, and was received at the Westminster Bridge entrance by Dr. W. M. Ord, Dean of the Medical School, who conducted his lordship to the handsome apartment known as the Governors' Hall, which was already crowded with visitors. After an appropriate speech by the Dean, the business of the afternoon began. Among those students who obtained the chief prizes may be mentioned Mr. F. C. Abbot, of Gorleston, who took the £100 entrance science scholarship; F. Fawcett, of Surbiton, the Musgrove scholarship of £40, and certificate of honour; H. P. Hawkins, of Hawkhurst, second tenure of the Peacock scholarship, 40 guineas, with College prize, £20, and certificate of honour; S. H. Jones, the Cheselden Medal, and the Treasurer's gold medal; and F. D. Crowley, the Mead Medal. The Lord Mayor, in reply to a speech from the Dean thanking his lordship for the honour he had that day conferred on the Hospital, made reference to the ancient alliance that had always bound St. Thomas's to the City of London, to the continued progress and extension of the good work of the hospital, and to those of its former students who were distinguishing themselves in various parts of the world.

WESTMINSTER HOSPITAL.

PROPOSED CLUB.—Some few days since it was proposed by Mr. Cowell, the treasurer of the medical school, to establish a students' club in connection with the new school buildings, which are now rapidly approaching completion, and are to be inaugurated in October next. A meeting was held in consequence in the large theatre at the hospital, at which Dr. H. de H. Hall and other members of the teaching staff were present, when the proposed constitution of the club was explained to the students, and—in the absence of any active objection—the rules as brought forward were passed. This done, the meeting broke up, but during the following days a strong feeling of opposition spread among the students in reference to certain of the rules, notably three of them (1), a rule which restricts the sale of intoxicating drinks on the premises of the club (such premises being part of the school premises); (2) a rule which enacts that the club shall be closed at five p.m., and (3) that rule which makes the treasurer and the dean of the school, together with another member of the teaching staff, *ex officio* members of the committee, with four representatives of the students to be by them elected. The outcome of this opposition was a meeting which was called for Tuesday the 16th June, and which was characterised by a very animated and excited debate on the above rules. Both the treasurer and the dean peremptorily announced their intention of withdrawing from any connexion with the club, if the liberty of sale of liquid refreshment was insisted on, or if the men made a *sine qua non* of its being open during the evening. This apparent attempt at coercion gave some acerbity to the subsequent part of the debate, and it seemed as if the whole scheme were likely to be shipwrecked in consequence. It was then wisely suggested, but only with difficulty carried, that the meeting be adjourned for a few days.

Examination Questions.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

LICENCE TO PRACTICE MEDICINE, MONTHLY EXAMINATION, JUNE, 1885.

Practice of Medicine and Therapeutics (The Vice-President).—

1. What is Meniere's disease? Describe its symptoms, and state how you would treat it.
2. Describe the chief varieties of "sore throat" met with in practice, and indicate suitable treatment in each case.
3. Give the causes, symptoms, and treatment of acute dysentery.
4. Write a short note on "ulcerative endocarditis," stating what you know as to the symptoms, varieties, and nature of this affection.
5. What are the chief indications for and against the use of digitalis in affections of the circulatory system?
6. Lay down a plan of dietetic and medicinal treatment for an uncomplicated case of *diabetes mellitus* in an adult. State precisely your reason for selecting any particular drug or special line of treatment.

(N.B. All prescriptions given in answer to any of the questions in this paper are to be written in full, and to include suitable directions.)

Medicine and Pathology (Dr. Parser).—1. Describe a case of spasmodic asthma, and give what you know as to the nature of this affection. 2. Describe the phenomena of an attack of apoplexy, and enumerate the consequences which may follow this event. 3. Give the symptoms of chlorosis, mentioning particularly those which serve to distinguish this disease from other forms of anæmia. 4. Enumerate the most important visceral affections which are caused by syphilis. 5. What do you understand by the term *malignant* as applied to a tumour? 6. What do you mean by aphasia? Describe any varieties of this affection with which you are acquainted.

Midwifery and Diseases of Women (Dr. Kirkpatrick).—1. Describe the treatment advocated by Dr. Barnes in labour complicated by hemorrhage due to placenta previa. 2. In a case of tedious labour due to rigidity of the os uteri, describe the symptoms, the inducing causes, and the treatment you would adopt. 3. Describe the management of a breech presentation, the delivery of the body, the arms, and the head. 4. What do you understand by dysmenorrhœa? What different forms or varieties have been described? 5. Describe the deviations from its normal position that take place when the uterus is retroverted or retroflexed.

Medical Jurisprudence (Dr. Quinlan).—1. In a case of suspected infanticide, how would you determine whether delivery had recently taken place or not? 2. Given the body of an infant (presenting no marks of violence), how would you determine—(a) whether it had come to full time; (b) whether it had been alive when born? 3. If called to see a patient in a state of coma, how would you distinguish between—(a) poisoning by opium; (b) alcoholic poisoning; (c) apoplexy?

Hygiene.—1. What is Clarke's test for determining the hardness of water? What is his method of softening hard water? 2. To what diseases are workers in lead liable? Is there any method of preventing or of diminishing these diseases?

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, JUNE 20, 1885.

EDITORIAL AND PERSONAL.

THE vacant post of physician to the Newcastle-on-Tyne Infirmary has been filled by the appointment of Mr. James Limont, M.A., M.B.

AN anonymous donor has given £10,000 to the Hull General Infirmary.

THE honour of knighthood has been conferred, at Dublin, upon Dr. Charles Cameron, city analyst, and secretary for the current year of the College of Surgeons in Ireland.

AFTER the presentation of prizes to the students of St. Thomas's Hospital on Monday last, a meeting was held in the hospital library for the purpose of

presenting a testimonial to Mr. Charles Stewart, formerly Curator of St. Thomas's Museum, but who quitted that position in July last to take the post of Conservator of the Hunterian Museum. The testimonial consisted of an extremely handsome bronze clock and a purse, which were handed to Mr. Stewart by the Dean, Dr. W. M. Ord, after an effective speech, in which he called to mind the many qualities and virtues which had endeared Mr. Stewart to all who had known and worked with him, and while expatiating on the great loss that the hospital and staff sustained in his departure, congratulated him on the promotion he had so well merited.

DR. CROMBE, an eminent French medical practitioner, demonstrates, in a paper to the *Académie*, that the continued use of morphine results in the loss of the teeth and hair of those so using it.

A STUDENT in the Laboratory of Professor Bodecker, Göttingen, desiring to take a draught of water, swallowed some liquid in a beaker glass, which was a solution of cyanide of potassium. He died in a few minutes.

THE Sultan of Turkey has authorised his private physician, Dr. Havrogeni, Pasha, to obtain two Pharmacists from Germany to conduct the Palace Pharmacy in Yildiz Kiosk—a position which has hitherto been held by Greeks.

A CASE, in which a sum of money is claimed from an insurance office by the widow of a Sunderland man named Lotinga, has for some time been engaging the attention of Mr. Justice Hawkins and a special jury, and this week a considerable degree of interest was infused into the proceedings by the appearance in the witness box of Drs. Wilks and Quain. According to the testimony of the former, the condition of the liver when affected by alcoholism is not always open to recognition by examination, and, further, an habitually intemperate man may be possibly passed as a good life by the medical examiner to an insurance company. According to Dr. Quain also, the condition of the liver gave no sure indication of the habit of drinking in the patient, and this opinion is shared also by Mr. Harrison Cripps. It is a little startling, however, to read in newspaper reports of the case that Dr. Quain, speaking on the different degrees of temperance in different constitutions, regards the imbibition of *sixty* glasses of punch *per diem* as possibly within temperate limits in certain persons, whereas in others half a pint of wine might prove an excessive allowance. There is food for much reflection in this evidence.

AT a council meeting of the Poor-law Medical Officers' Association, held at their rooms, 3, Bolt Court, Fleet Street, London, the following resolution was unanimously agreed to, and a copy thereof was ordered to be sent to the clerk of the Conway Board of Guardians, and to Mr. Thomas Davies, medical officer, Conway Union:—"That this Council having read the account of the proceedings of the Guardians of the Conway Union, at their meeting on the 29th

ult., as reported in the *Liverpool Daily Post* of the following day, begs to express its sympathy with Mr. Thomas Davies, the medical officer of the Cruiddyn district of the said union, in the persistent annoyance and persecution to which he has been subjected at the instance of the Rev. W. Venables Williams, the chairman of the board. The council trust that Mr. Davies will not yield to the pressure which has been put upon him by the guardians through the influence of the said chairman, but will resist to the end, seeing that the board has attempted to fetter him in the performance of his duties to the sick poor; and, in the judgment of this council, has exceeded its powers towards an officer, against whom they have brought most serious and unjustifiable reflections on his integrity and good faith."

THE Court of the University of Edinburgh have granted recognition as teachers of medicine, for purposes connected with graduation in the University of Edinburgh, to James J. Dobbie, D.Sc., professor of chemistry and teacher of practical chemistry, University College of North Wales, Bangor; and to Reginald W. Phillips, B.A., B.Sc., professor of Botany in the same college. In consequence of this recognition, it will be possible for students to make one of the four "anni medici" of the medical curriculum followed at Edinburgh, in the University College of North Wales.

THE seventh annual meeting of the Home Hospital Association was held last week at Fitzroy-house, Fitzroy-square, the Duke of Northumberland, president, in the chair. The report stated that this Association for providing a home hospital for paying patients had steadily kept in view the object of its founder, and it might now be regarded as an established and permanent success. There had been a steady increase in the number of beds occupied, and in the admissions. The number of applications for admissions in 1884 was 632, and in 1883, 634, whilst the admissions in 1884 were 245 as against 216 in 1883. The financial condition of the home hospital was now in every way satisfactory, the profits last year amounting to £466. The Chairman, in moving the adoption of the report, expressed his gratification at the satisfactory position in which the Association now found itself, after all the difficulties it had had to encounter. The number of applications for admission showed the real want which the hospital met. He regretted that the scheme for enlarging the area of the association's work by establishing convalescent home hospitals had not yet been carried out. The committee had made an appeal for the sum of £10,000, but as yet it had not been forthcoming. He thought it would be a great benefit if they had convalescent home hospitals in connexion with the Association, and he trusted that before long the scheme would be carried out.

THE following promotions in the Army Medical Department were gazetted on Tuesday last. The undermentioned Surgeons on probation to be Surgeon:—Samuel Hickson, M.B., Henry James Fletcher, M.B., Sidney Herbert Lindeman, Edward

Davis, Simpson Powell, M.B., Frederick William Caton Jones, M.B., James Meek, M.D., Arthur Edward Morris, M.D., Eugene Cormack, M.B., Claudius O'Donel, M.D., William Alexander Carte, M.B., Arthur Ormsby Fitzgerald, Frederick Dundas Elderton, Edward Nodin Sheldrake, Robert Everard Molesworth, John William Francis Long, Charles Langford Josling, John Francis Bateson, M.B., William Travers Swan, M.B., Joseph Bulfin, M.B., Robert Lockhart Ross Macleod, M.B., James Henry Curtis, Grafton Gee Adams, James M. F. Shine, M.D., William Bullen Day, M.B., David Rogerson Hamilton, M.B., Robert George Thompson, M.D., Charles T. Blackwell, Robert Ignatius Power, Charles Randolph Kilkelly, M.B., William Henry Bean, Nicholas Charles Ferguson, M.B., Samuel Richard Wills, Michael Leo Hearn, Stephen Lawson Deeble, Richard Harris Hall, M.D., William Hallaran Bennett, M.B., John Henry Greenaway, Richard George Hanley, M.B., William Howell Bell, Gerard Cree, Samuel Cowell Philson, John Michael Nicholls, M.B., Frederick William Henry Davies Harris.

THE annual collection in aid of the Hospital Sunday Fund was made in our Metropolitan churches and chapels on Sunday last. About £12,000 had been received up to Wednesday last at the Mansion-house, the following being among the principal sums paid in—namely:—St. Michael, Chester-square (per Canon Fleming) £951 4s. 6d.; St. Paul's Cathedral, £161 6s.; Islington Presbyterian Church, and Agricultural-hall, £58; All-hallows the Great and Less, City, £62 8s. 6d.; St. Alban, Streatham-park, £24 17s.; St. Stephen, Clapham-park, £22 13s. 7d.; St. Giles, Camberwell, £40 15s. 3d.; St. Peter, Brockley, £51 4s. 10d.; Mr. C. W. B. Fernie, £50; St. Columba, Pont-street, S.W., £86 12s. 3d.; St. German's, Blackheath, £38 1s.; St. Mary, Boltons, S.W., £55 8s. 1d.; St. Anne, Brookfield, N., £40 13s. 7d.; St. George, Tufnell-park, £58 18s. 9d.; Dulwich College Chapel, £34 2s.; St. Mark, North Audley-street, £218 5s. 2d.; St. George, Bloomsbury, £50 0s. 8d.; St. Margaret, Westminster, £172 19s. 6d.; Holy Trinity, Islington, £41 4s. 11d.; Parish Church of St. Mary, Barnes, £30 3s. 10d.; New Court Chapel, Tollington-park, £51 4s.; St. Matthew, Oakley-square, N.W., £62 8s. 6d.; Chapel Royal, Whitehall, £87 18s. 5d.; St. Katharine's Royal Hospital Church, Regent's Park, £48 10s.; Chapel Royal, St. James's, £56 2s. 3d.; Dutch Reformed Church, Austinfriars, £26 12s.; St. John the Evangelist, Westminster, £20 14s. 6d.; Highbury-quadrant Congregational Church, £42 5s. 11d.; Fulham Parish Church, £34 5s. 3d.; Chelsea Old Church, £24; St. Saviour, Brixton-rise, £21 8s. 2d.; Clapton-park Congregational Church, £55 7s. 8d.; Christ Church, Wanstead, £23 10s. 2d.; Upper Norwood Congregational Church, £28 13s. 1d.; Denmark-place Baptist Chapel, £22 14s. 7d.; Christ Church, Hornsey, £46 16s. 9d.; St. Michael, Cornhill, £26 12s. 9d.; Roehampton Parish Church, £53 0s. 8d.; St. Augustine, South Kensington (moiety), £31 11s. 4d.; "F. G. D." £25; St. Luke Uxbridge-road, £21 18s. 7d.; St. Peter, Vere-street,

W., £215; All Souls, Langham-place, £99 15s. 3d.; St. Paul, Canonbury, £26 3s. 9d.; Brunswick Chapel, Upper Berkeley-street, £53 10s. 9d.; St. Paul, Upper Norwood, £47 11s. 10d.; Lewisham Congregational Church, £70; St. Mary, Brookfield, N., £35 11s. 7d.; St. Mary (Parish Church), Stoke Newington, £40 8s. 6d.; St. Mary (Old Church) Stoke Newington, £23 12s. 8d.; St. Michael, Stockwell, £36 5s.; Abney Congregational Church, Stoke Newington, £28 13s. 10d.; Brixton Congregational Church, £30 18s. 10d.; Metropolitan Tabernacle, Newington, £200; All Saints, Orpington, £62 17s. 1d.; Mitcham Parish Church, £31 1s. 4d.; St. Luke, Lower Norwood, £34 16s.; Holy Trinity, Lee, £67 10s. 2d.; Christ Church, Hampstead, £100; St. Peter, Streatham, £38 4s. 9d.; Christ Church, Chislehurst, £60 15s. 6d.; St. Anne, Soho, £90 10s.; Trinity Church, Finchley Road, and St. Cuthbert, Brondesbury, £77 17s. 1d.; Holy Trinity, Knightsbridge, £43 6s. 6d.; Brixton Hill Wesleyan Chapel, £81 2s. 3d.; Upper Holloway Baptist Chapel, £34 2s. 9d.; St. Paul's, Clapton, £37 0s. 7d.; Christ Church, Southgate, £45 16s. 8d.; St. Mary, Fulham, £104 0s. 4d.; Holy Trinity, Kilburn, £53 2s. 10d.; Church of the Annunciation, Chislehurst, £51 11s. 1d.; St. Matthew's Church and Mission, Upper Clapton, £78 14s. 3d.; Mr. O. H. T. Hawkins (a further) £21; Little Portland Street Unitarian Church, £39 10s. 6d.; Old Malden (Surrey) Parish Church, £28 12s. 5d.; St. Luke, Chelsea, £39 6s. 9d.

SPURIOUS DIETETIC ARTICLES.

IN the treatment of disease it frequently happens that diet has to play a far more important part than medicine, and it cannot be too often or too forcibly inculcated that it is the duty of the medical attendant to see that his instructions, in regard to diet, are strictly carried out. Many a patient has passed through the crisis of a severe disease, only to succumb to exhaustion resulting from insufficient or improper nourishment. We are induced to make these remarks, in consequence of numerous complaints which have reached us of late relating to inferior and spurious imitations of well-known, approved, and frequently prescribed, articles of diet for children and invalids. The doctor may order this or that food, it may be the Liebig Company's Extract of Meat, or Brand's Essence of Beef, but the chances are three to one that his patient will get something totally different from what was intended. A short time ago we were in Cornwall, and had an opportunity of seeing the "beef tea" in use in the sick-chamber in that county. It was supposed to be the Liebig Company's Extract of Meat, but, on examination, it was found to be a cheap and nasty spurious imitation, purchased at the village grocery stores, more suited to be used as a vehicle for administering poison to rats than as diet for an invalid. These imitations we found, on inquiry, are, as a rule, sold by country grocers, not by chemists, and we imagine a larger profit is made out of the spurious, than would be possible if the genuine article were supplied.

A similar story may be told as regards Brand's specialities for invalids, the merits of which are too well known to our readers to call for any special remark from us. A gentleman in large practice in North-East London, writes: "Is it not possible to punish a chemist for selling inferior substances for the use of invalids, in place of that ordered by the medical attendant? The other day I ordered Brand's Essence of Beef to be procured for an aged patient, whose digestive powers were very much below par. On my next visit, the lady complained that she could not take the Brand's Essence, as it was very nauseous, and caused vomiting and extreme prostration. It was not a bit like what I had procured for her myself the last time she was ill. On examination, I found it was not the genuine article, being very different both in taste and appearance, and further examination showed that the label was different. In this case I consider that my patient's life was endangered through the wicked substitution of an inferior article for that I had recommended. Of course I cautioned the parties against entering the offending chemist's establishment again."

It seems surprising that tradesmen should, for the sake of a little extra profit, run the risk of losing the confidence of their customers by selling spurious imitations of such well-known articles as those above referred to. It does not pay in the long run, for no one would patronise a shopkeeper for any length of time who played such tricks upon his customers.

Medical News.

COLLEGE OF PHYSICIANS, IRELAND.—The degree of "Physician and Licentiate in Medicine," was conferred on the 12th inst. upon *W. E. Dawson, L.S.A.L.; *C. J. Faulkner, L.R.C.S.; G. B. Flanagan, L.R.C.S.; J. H. Foley, L.R.C.S.; F. S. Gramshaw, L.R.C.S.; E. Lambkin, L.R.C.S.; B. Lane, L.R.C.S.; *A. J. Luther, L.R.C.S.; J. H. Maguire, L.R.C.S.; J. J. Norton, L.R.C.S.; D. M. O'Callaghan, L.R.C.S.; M. P. G'Donovan, L.R.C.S.; O. J. Perrot, L.R.C.S.; *R. C. Thacker, L.R.C.S.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following members of the College having undergone the necessary examinations at the half-yearly meeting of the Court of Examiners on the 28th, 29th, and 30th ult., and 1st inst., were reported to have acquitted themselves to the satisfaction of the Court, and at a meeting of the Council on the 11th inst. were admitted Fellows of the College, viz.:—Messrs. John Barlow, M.D. Edinburgh, Glasgow, diploma of member, dated Nov. 17th, 1874, student of the University of Edinburgh; William J. Penny, L.R.C.P.L., Bristol, Nov. 19th, 1879, King's College Hospital; George L. Galpin, M.D.Q.U.I., Marlborough-street, W., Nov. 18th, 1880; and Walter E. Wynter, L.R.C.P.L., Twickenham, Jan. 26th, 1883, Middlesex Hospital; Frederick N. Pedley, Finsbury-square, April 21st, 1881; Sidney Worthington, M.B. London, Enfield, Nov. 16th, 1882; and Charles D. Muspratt, Clapham, July 30th, 1884, of Guy's Hospital; Frederick Bass, L.R.C.P.L., Union-road, N., Jan. 18th, 1882; James N. Vogan, L.R.C.P.L., Redhill, April 18th, 1883; Stephen Paget, Grosvenor-street, W., July 23rd, 1883; and James F. Steedman, L.S.A., Wellington, Selop, Nov. 13th, 1883, St. Bartholomew's Hospital; Joseph Collier, M.B., London, Manchester, July 17th, 1882, Manchester School of Medicine; Edward T. Thring, L.R.C.P.L., Torrington-square, July 20th, 1882, University College; Francis H. Voss, L.S.A., Clapton-square, E., July 20th, 1882, London Hospital; Yasuzumi Saneyoshi, L.R.C.P.L., St. Thomas's Hospital, Jan. 24th, 1883; and Henry W. Pigeon,

M.B. Cantab., Manchester, Jan. 25th, 1883, Manchester School of Medicine. Three other candidates were reported to have passed their examination to the satisfaction of the Court, and when they attain the legal age of 25 will receive their diplomas.

The gentlemen against whose name an asterisk is prefixed, with some others, received in addition the diploma in midwifery and diseases of women, &c.

VACANCIES.—The following vacancies are announced:—
Borough of Leicester. Medical Officer of Health. Salary, £500 per annum. Applications by June 23rd.—Cheltenham General Hospital. House-Surgeon. Salary, £80 per annum. Applications by July 1st.—Clayton Hospital and General Dispensary, Wakefield. House-Surgeon. Salary, £120 per annum. Applications by June 22nd.—Clinical Hospital for Women and Children, Park Place, Manchester. House-Surgeon. Salary, £80. Applications to Mr. Hubert Teague, 38, Barton Arcade, Manchester.—Croydon Union (New Infirmary). Assistant Medical Superintendent and Dispenser. Salary, £125 per annum. Applications, endorsed "Application for Assistant Medical Superintendent and Dispenser," by June 20th.—Croydon Union. Medical Superintendent to the New Infirmary, and Medical Officer of the Workhouse. Salary, £200 as Medical Superintendent, and £100 as Medical Officer of the Workhouse. Applications, endorsed "Application for Medical Appointment," by June 20th.—Cumberland Infirmary, Carlisle. Assistant House-Surgeon. Salary, £40 per annum. Applications by June 23rd.—General Hospital for Sick Children, Pendlebury, and Gartside Street, Manchester. Junior Resident Medical Officer. Salary, £80 per annum. Applications by June 30th.—General Hospital for Sick Children. Medical Officer to the Dispensary. Salary, £180 per annum. Applications by June 30th.—Hartlepool Friendly Societies' Medical Association. Assistant Medical Officer. Salary, £120 per annum. Applications to T. Twedell, Commercial Terrace, West Hartlepool.—Owen's College, Manchester. Professor of Obstetrics. Applications by June 25th.—Richmond Hospital. House-Surgeon. Salary, £80 per annum. Applications by July 1st.—St. Helen's Friendly Societies' Medical Aid Association. Medical Officer. Applications to Mr. E. Fidler, Boundary Road, by June 20th.—St. John's Hospital for Skin Diseases, Leicester Square, W.C. Four Clinical Clerks. Applications by June 20th.—Sheffield General Infirmary. Physician. Applications by June 26th.—West Bromwich Friendly Societies' Medical Alliance. Resident Medical Officer. Salary, £200 per annum. Applications to Mr. G. Abbott, 9, St. James Road, Sheffield.—West London Hospital, Hammersmith. Physician. Applications by June 29th.—West Riding Lunatic Asylum, Wakefield. Resident Clinical Assistant. Applications to the Medical Superintendent.

APPOINTMENTS.—F. Milnes Blumer, M.B., C.M.Ed., House-Surgeon to the Staffordshire General Infirmary.—O. Newton Cornish, M.R.C.S., L.R.C.P.Ed., Resident Medical Officer to Queen Charlotte's Hospital.

Notices of Books.

HANDBOOK FOR THE PHYSIOLOGICAL LABORATORY.*

It may be said with absolute truth, we think, that no authors have yet put more explicitly, more fully, and yet more simply than have Drs. Harris and Power the essential steps whereby the student may come to rightly appreciate the facts embraced in the histology and physiology of to-day. The manual affords appropriate initiation to the student of biology; it epitomizes the main facts of histology, of physiological physics, and of physiological chemistry. To the student of medicine it is, we may safely say, a *sine qua non* for guidance in the acquirement

* A Manual for the Physiological Laboratory. Third Edition, with Forty Illustrations. By Vincent Dormer Harris, M.D.Lond., M.R.C.P., Demonstrator of Physiology at St. Bartholomew's Hospital, &c., and D'Arcy Power, M.A., M.B. Oxon., F.R.C.S. Eng., Curator of the Museum, and late Assistant-Demonstrator of Physiology at St. Bartholomew's Hospital, &c. London: Baillière, Tindall, and Cox.

of just that amount and kind of knowledge on these subjects as are required at all the surgical and medical examining boards of this country.

Part I. deals with the impromptu examination of flesh tissues, a subject of the greatest importance in every-day research, as well as in the later clinical work, to which the book is evidently intended to lead. It describes the various methods of hardening, softening, and of cutting tissues, also of staining and mounting sections. The microscope, and the methods of drawing microscopic objects, are carefully detailed, and sound advice as to the selection of a microscope is given. Methods of injection also are described. Then follow plain directions for the verification of all that the student needs to know concerning the structure of the blood and its crystals, epithelia, endothelia, connective tissues (including cartilage and bone), muscles and nerves, the spinal cord, cerebrum, cerebellum, and sympathetic system, the blood vessels, alimentary canal, respiratory tract, the skin and its appendages, the genito-urinary organs, the mammary gland, ductless glands, the lymphatic system, including the spleen, the ear, the nose, and the eye, with its accessories.

Part II. is concerned with physiological chemistry. It deals with the constitution of foods, the reactions by which they may be differentiated; the reactions, moreover, of the various bodies into which, by digestion, they are converted, and the chemistry of the blood, and of the various gland products. Under the latter, the urine, in health and in disease, is described; the methods are given by which its various irregularities may be detected qualitatively and, in certain cases, quantitatively, and there is appended a useful method for the analysis of urinary calculi and deposits.

Part III. introduces various physiological experiments. Instructions are given for counting the blood corpuscles, and for examining them with the warm stage. The properties of muscle and nerve, and the experiments by which they may be demonstrated, are fully entered into. The steps to be taken in examining the circulation are given. The sphygmograph and its uses are described; and what, perhaps, is of more interest than all, the blood pressure—that all-important factor in our modern physiology and therapeutics—is carefully detailed. In addition, there are experiments to illustrate the functions of certain centres in the cerebrum and spinal cord.

We heartily wish Drs. Harris and Power a rich return for their labour, and we strongly commend their manual to all who are entering upon a medical career.

Cricket.

MIDDLESEX HOSPITAL v. ST. BARTHOLOMEW'S HOSPITAL.

HOSPITAL OUP TIES—SECOND ROUND.

This match was played at Castle Hill, Ealing, on June 15th, and resulted in favour of the Middlesex by four wickets. The following are the scores:—

St. Bartholomew's.		2nd Innings.	
1st Innings.			
G. H. Grace, c W. Challenor,		b H. S. Challenor	3
b Hudson	5	run out	11
W. Pye, run out	24		
F. J. Rawlinson, c Hudson, b Lewis	1	b Hudson	0
H. A. Havilland, b H. S. Challenor	15	b Hudson	3
W. G. Heasman, b H. S. Challenor	5	c Tench, b Hudson	3
J. A. M. Rigge, b Hudson	9	b Hudson	1
G. Dunn, b Challenor	18	b Hudson	0
E. S. Burd, b Hudson	0	c Nash, b Hudson	8
C. E. Judge, not out	1	not out	0
W. Malden, c Hudson, b Challenor	0	lbw b H. S. Challenor	0
J. A. Hayward, c W. Challenor			
b Hudson	0	b H. S. Challenor	0
Extras	10	Extras	3
Total	88	Total	32

Middlesex.			2nd Innings.		
1st Innings.					
W. Challenor, c & b Havilland	7				
R. P. Reading, b Havilland	0				
S. Smith, run out	5		b Havilland	8	
E. B. Osmond, b Heasman	22		c Malden, b Havilland		1
			and		
J. W. Hudson, b Havilland	0		c Rigge, b Havilland	0	
M. Trench, c Pye, b Heasman	2		not out	7	
W. G. Nash, b Heasman	0		b Heasman	2	
L. P. Gibson, not out	15		b Heasman	2	
E. F. Lewis, b Heasman	2		run out	16	
H. S. Challenor, c Heasman, b Havilland	1		not out	8	
C. E. Thomas, b Heasman	0				
Extras	9		Extras	15	
Total	63		Total	59	

MIDDLESEX HOSPITAL v. KING'S COLLEGE HOSPITAL.

HOSPITALS' CUP TIES.—SEMI-FINAL.

This match was played at Castle Hill, Ealing, on June 16th.

1st Innings.			2nd Innings.		
H. Shipton, not out	39		retired hurt	4	
C. Nash c W. Challenor, b Hind	0		hurt—did not bat		
H. Castle, b Hind	0		b Hinde	0	
H. P. Ward, b Hinde	1		c Hinde, b Hudson	29	
H. C. Addison, b Hudson	12		b Hinde	5	
A. M. Sturgess, c Touch, b Hinde	13		c Hudson, b Hinde	5	
E. H. Smith, b Hinde	0		b Lewis	3	
M. Lange, c Touch, b Hudson	0		b Hudson	2	
A. Lange, b Hinde	0		c Nash, b Hinde	2	
G. Cheatto, 1 b w, b Hinde	0		b Hinde	0	
A. Cheatto, run out	0		not out	5	
Extras	11				
Total	76		Total	55	

Middlesex.		
A. B. Hinde, c G. Cheatto, b M. Lange	6	
W. Challenor, b Addison	7	
M. Smith, b Addison	13	
E. B. Osmond, c Castle, b Addison	9	
M. Trench, c Shipton, b Addison	11	
E. F. Lewis, run out	4	
J. W. Hudson, b Castle	36	
L. P. Gibson, b M. Lange	3	
W. G. Nash, b Castle	26	
H. S. Challenor, not out	14	
R. F. Reading, b Sturgess	3	
Extras	22	
Total	157	

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

W. E. D.—Please accept our best thanks for your communication. We shall be very pleased to receive the oral questions.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. C. E. Armand Semple, London; Dr. J. Brindley James, London; Dr. G. M. Dartnell, Liverpool; Mr. W. Gifford-Nash, Middlesex Hospital; Mr. W. E. Dawson, Clacton-on-Sea; Dr. D. Astley Grasswell, London; The Officers Volunteer Medical Staff Corps; Mr. W. Johnston, Sunderland; Mr. W. Fingland, Liverpool, Surgeon-Commandant Volunteer Medical Staff Corps; Mr. F. Howard Sinclair, Belfast; Mr. F. Anwyl-Buller, Blackpool; Mr. Effingham Wilson, London; Mr. Clarence Bentley, Sheffield; Mr. W. Montague, London; Mr. A. W. Kerr, Bishop's Auckland; Mr. J. D. Staple, Plymouth; Mr. W. Gifford Nash, Middlesex Hospital, Mr. Sydney Harris, Plymouth, &c., &c.,

BOOKS, PAPERS, &c., RECEIVED.—"Notes on Inorganic Materia Medica, &c.," by J. S. Sharman, London, Eppingham Wilson.—"What shall be my Practise," by Dr. E. Diver. 2nd edition. Smith, Elder & Co.—"The Alpine Winter Cure," by A. Tucker Wise, M.D., Baillière & Co.—"Bedside Urine-Testing," by G. Oliver, M.D. 3rd edition. Lewis.—Medical Times and Gazette—Medical Press and Circular—Medical Annals—Canada Medical and Surgical Journal—British Medical Journal—New York Medical Record—Canada Medical Record, &c., &c.

Correspondence.

CASE OF SPERMATORRHOEA.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—In the case which you inserted last week, there were some slight errors in the prescription. It should be—

Liquor, Ferri Perchlor, fort. M 320 (instead of 520 M).

Glycerine 3ii (instead of 3i).

The dose 3ss. ter die (instead of 3i).

University Square, Belfast.

June 15th, 1885.

Yours, &c.,

F. HOWARD SINCLAIR.

Exchange Column.

FOSTER's Clinical Medicine, 3s. 6d., published at 10s. 6d. A24

NORRIS on the Physiology and Pathology of the Blood, 2s. 6d. ;

Henry Smith's Surgery of the Rectum, Fifth Edition, 2s. 6d.

Bumstead and Taylor's Venereal Diseases, 4s. 6d. n59

BROUHAERT on Curvature and Disease of the Spine, Third

Edition; Heather Biggs' Manual of Orthopædy, and War-

ington Howard's Treatise on Orthopædic Surgery; all good

as new; the lot, 5s. n60

HANCOCK's Anatomy and Surgery of the Human Foot, 3s. ;

Duncan's Diseases of Women, 4s. 6d. 61a

FOR DISSECTAL, a skeleton; also a quantity of loose bones,

and articulated skull, and Materia Medica specimens. Sam-

man, London Hospital.

WANTED, Typical Microscopic Specimens, physiologic and

pathologic (especially urinary deposits); or practical patho-

logist forming own collection could arrange to send dupli-

cates occasionally. State subjects, price, &c. R. Uniacke,

Ronayne, Youghal, Cork.

COLLIER'S MICROSCOPE (new); coarse and fine adjustments;

mechanical movements to stage; safety stage; B and D

eye-pieces, 1.1-5th in. objectives; stage condenser; dia-

phragm; frog-plate; stage and eye-piece micrometers;

Camera Lucida; and requisites for mounting, £8. n6

WANTED, Holme's Surgery; Playfair's Midwifery; Galabin's

Diseases of Women; Greene's Pathology; Swain's Apho-

risms (late editions). B. F. J., 45, High St., Stourbridge.

SKELETON COMPLETE; a disarticulated skeleton for sale, price

£2 12s. W. Montague, 21, Pyrland Road, Highbury New

Park.

FOSTER's Physiology, 12s. 6d. ; Griffith's Text book of Micro-

scope, 3s. 6d. ; Semple's Children's Diseases, 3; all the latest

editions, and free. Blackie's Encyclopædia, 14 vols., latest

issue, good condition (£7 14s.) £3. First eight divisions

Comprehensive History of England (£3) £1. n10

HISTOLOGY; for disposal, complete set of slides, 97 in number.

Suit student going in for "Primary." Highest cash offer. n11

Answers to numbered Advertisements to be addressed, under

cover, care of Baillière, Tindall, and Cox, 20, King William

Street, Strand, W.C.

FIRST L.R.C.P. EXAMINATIONS.

MR. MAURICE WILLIAMS'S CLASSES IN

Chemistry (Theoretical and Practical), Materia Medica,

&c., at new and more commodious premises, 5, King Street,

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Street Stations). The course for the January examination is

now commencing.

Chemistry (Theoretical and Practical) for other Examinations,

Fees Moderate.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

VICTORIA PARK, E.

APPLICATIONS, with testimonials, for the office of RESIDENT CLINICAL ASSISTANT are invited to be sent to the Secretary, at the Office, 24, Finsbury Circus, E.C., not later than 3rd July. The appointment will be for a period of six months, commencing October 1st, 1885. A gratuity of £20 is usually awarded at the close of the term of office. Preference given to qualified men.

June 16th, 1885.

T. STORRAB-SMITH, Secretary.

MEDICAL DEPARTMENT.

WAR OFFICE,

27th May, 1885.

AN Examination of Candidates for Thirty Commissions in the Medical Staff of Her Majesty's Army will be held at the London University, Burlington Gardens, S.W. (by permission of the Senate) on the 10th August next, and following days, at 10 o'clock a.m.

Application for admission to the Examination should be made in writing, without delay, to the Director General, Medical Department, War Office, London, by whom a revised Schedule, containing further particulars, will be furnished.

(Signed) T. CRAWFORD, M.D., Director General.

ESTABLISHED 1851.

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The Birkbeck Almanack, with full particulars, on application.

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Containing Hypodermic Syringe, Needle, and six compartments for Discs and Perles.

Suggested by Dr. T. F. PEARSE, Liphook.

Vide THE LANCET, Feb. 24th, 1883; Vide BRIT. MEDICAL JOURNAL, March 17th, 1883.

Price—NEW POCKET MEDICAL EMERGENCY CASE, 17s. 6d.

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Notes by the Way.

THE proceedings at Cambridge University in connection with the conferring degrees are usually of a very lively character, and at times are very amusing, but at the Congregations held on Tuesday last, which were held for the purpose of admitting the successful candidates in the various triposes to the degree of B.A., some of the undergraduates behaved so uproariously as to bring great discredit upon the University. The undergraduates were located in the north gallery of the Senate house, and as soon as the proceedings commenced at the morning Congregation, the officials were saluted with a shower of missiles from the gallery, consisting of pieces of lump sugar, gooseberries, gun wads, halfpence, &c., and while the Senior Proctor was reading the list of supplicants his cap was knocked off by a cap thrown from the north gallery. Finding it impossible to conduct the ceremony under such a well-sustained fire, the Proctor made a raid upon the gallery, and cleared it, securing some of the more noisy of the offenders, who were brought before the Vice-Chancellor, and severely reprimanded. At the afternoon Congregations the disturbances were renewed, the undergraduates being well supplied with ammunition, which they discharged in volleys, among the missiles on this occasion being a bag of flour. The introduction of a bag of flour caused great annoyance to the officials, and instructions were given to discover the delinquent who threw it, which was done after much difficulty. At first he refused to give his name and College, but his identification was ultimately established and he was then expelled from the building, after which order was sufficiently restored to continue the proceedings. One of the commencing B.A.'s, who by his conduct evidently sympathised with the gallery, was promptly punished, the Proctor of his College refusing to present him for his degree. A little fun on such occasions is excusable, and one would not object to a few peas flying about, but the line should be drawn at brickbats and paving stones.

A PECULIAR action for assault came before the Irish Exchequer last week. It was brought by a medical student against the proprietor of a music hall. The plaintiff alleged that because he hissed a disloyal song about John Brown and the widow, meaning Her Majesty and the late John Brown, he was attacked and assaulted, and was thrown out of the music hall by the proprietor. The plaintiff's counsel contended that it was not only his right but his duty as a loyal man to express his disapproval. The defendant protested that he would not allow disloyal songs. He sought to have the case remitted to an inferior tribunal, but the Court refused to remit it, Baron Dowse observing that if the song was of the character alleged by the plaintiff, it was certainly in execrable taste. The Irish people had political feelings, and strong ones too, but they would not permit an insult to be offered to a woman—the greatest Queen who ever sat on the throne of England.

A HANDSOME new flag of a brilliant green colour has, within the last few days, been hoisted over the Dublin Mansion House, in place of the dilapidated blue one, which was stolen by the Trinity College students, prior to the visit of the Prince of Wales to the city. Considerable interest is still manifested in the whereabouts of the old flag, but the secret is wonderfully well kept. It is said that it has been cut into pieces and distributed among the students who took part in the raid on the Mansion House, on the memorable night when it was appropriated.

A PROVINCIAL surgeon, practising in a mining district, writes to ask my advice what he shall do to protect himself against an unqualified man who practises in the same village, dispenses medicines, and who even gives medical certificates, in which he signs "surgeon, &c.," after his name. There are two or three ways of dealing with a man of this kind. If he is worth powder and shot, he may, with the consent of the Apothecaries' Company, be sued in the County Court under the Apothecaries' Act, 1815, for the penalty of £20, to which he is liable, on it being proved to the satisfaction of the judge that he has practised as an apothecary. If it can be proved that he has given a medical certificate, and assumed the title "surgeon," he can be prosecuted under the Medical Act, 1858. No doubt, either the Medical Defence, or the Medical Alliance, Associations, would undertake the prosecutions, if the local medical men would undertake to pay the costs. It is very hard on medical men that they should be called upon to prosecute in such cases. It is the duty of the General Medical Council to protect the profession, and they have ample funds for the purpose, but they persistently decline to discharge this important duty. If the profession were directly represented on the Council, the interests of the unfortunate general practitioner would probably receive more attention.

A SHOCKING death of an aeronaut is reported from Charleston, West Virginia. While being held, awaiting ascension, the balloon swayed against a furnace generating the gas, and caught fire. This frightened the men holding the ropes. They permitted the balloon to escape with Mr. Clarence Williams, the aeronaut, in the car. The balloon ascended rapidly, and collapsed at 1,000 feet elevation. Mr. Williams fell to the earth; his body turned over several times during the fall. His arms, legs, and back were broken, and his body crushed to a shapeless mass.

I HEAR that many chemists and druggists are highly indignant with the editor of the monthly journal of the trade—the *Chemist and Druggist*—for publishing in the current number a biographical notice and portrait of a Mr. Thomas, the proprietor of two chemists' shops, one situated in Bayswater and the other in Islington, where he does what is termed a "cutting" trade, to the great disgust and grievous loss of all the chemists and druggists in the neighbourhood of his establishments. In thus flattering a man who is conducting his business in such a way that, if generally adopted, would simply ruin

those carrying on their business on the old lines, is a great mistake, and one cannot wonder at the indignation of those who suffer by the "cutting" process. One can imagine the disgust of the old-fashioned family doctor if the *Lancet* were to publish a biographical sketch and portrait of the proprietor of a sixpenny "Provident Dispensary," extolling him as a public benefactor. Mr. Thomas may be a very enterprising and estimable young man, but, in my opinion, the *Chemist and Druggist* would show its loyalty to the trade by allowing him and "cutting" chemists generally to go their way unnoticed. Because success attends the "cutting" business in one or two instances, it may not the more be worthy of admiration or imitation. I may be behind the times, but I still believe in the "live and let live" principle.

At the last meeting of the Metropolitan Asylums Board an interesting report was read from Dr. Birdwood, the medical superintendent of the hospital ships, on the subject of the non-alcoholic treatment of small-pox patients. From being a firm believer in the treatment of small-pox patients by alcohol, he had, at the suggestion of his colleague, Mr. Bott, gradually reduced the administration of alcohol until now wine and spirits had been disused altogether, and with a larger average number of patients, only 318 pints of beer were given in a week, whereas formerly, in addition to wine and spirits, nearly 9,000 pints had been given. Dr. Birdwood added that he had proved alcohol not to be the best stimulant, and to be injurious in the treatment of small-pox, hence, he had ceased from prescribing it, except in moderation, for convalescents. He accepted the sole responsibility for this action. No doubt this report will attract a good deal of attention, and it is to be hoped that those who have the charge of small-pox hospitals throughout the country will institute careful observations as to the action of stimulants in the treatment of the disease. I should hesitate to accept Dr. Birdwood's observations and opinions without further tests and experiments by other physicians.

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By CRESSWELL HEWETT, M.A., M.D., M.R.C.S.E., late Surgeon Army Med. Dept. and R.N., and Royal Hospitals, Netley, Winchester and Halifax, and Surgeon to H.R.H. the Duke of Connaught.

LIVING ORGANIC CAUSES OF DISEASE.

The important part that parasites play in the etiology of disease, formerly only suspected, has been fully demonstrated during the course of this century; the discoveries which have led to this result are some of the most important in medical science, inasmuch as they have revolutionised many of our ideas of the etiology of morbid conditions; many causes hitherto unrecognised have come within the grasp of science.

From the first and apparently the most trivial discovery, we have now on demonstrated facts a horizon before us, which extends daily in this direction of cause and effect. Thus it was in the case of the itch insect at the commencement of the century—a little later, the relation of hydatids to tape worms, trichiniasis, elephantiasis, endemic hæmaturia, &c.

Parasites may infest the external integuments, the viscera, especially the intestinal tract, and the intimate structure of the tissues themselves, giving rise to various local and general disorders by mechanical irritation, by importing or secreting toxic material, by absorbing, when numerous, the materials necessary for nutrition or oxidation of the blood. They are transmitted from one subject to another, either directly or indirectly by the intermediation of some animal where they have dwelt in another form. We have successively to study the action of *animal parasites*, *vegetable parasites* and those *infective agents* which present incontestable analogies with the above, but cannot yet, in the actual state of science be completely assimilated with them.

I.—ECTOZOA.—EXTERNAL ANIMAL PARASITES.

Many naturalists have classified all varieties of external parasites, whether of animal or vegetable origin, as Ectozoa; others have differentiated them into *Ectozoa*, those belonging to the animal kingdom and *Epiphytes*—those belonging to the vegetable. The distinction into two classes I think is justified, as it forms a more distinct basis for classification, and a most valuable aid to memory.

I.—INSECTA—(a) ANOPILES.

Flies live by suction, and are furnished with a haustellum formed by a tubular sheath, containing four stillets, the sheath representing the labiæ, the stillets corresponding to the mandibles and jaws. This conformation of the mouth approaches that of the Pediculi of the Hemiptera. They undergo no metamorphosis and are apterus, parasitic on warm blooded animals—Bisexual, Suckers or Burrowers. They comprise, Pediculi and Mallophagi—Principal Genera—Pediculus—Phthirus—Hæmatopinus.

First pair of Legs. { Ambulatory ... Phthirus }
 { clutching { scarcely or not separate }
 { and { from thorax Pediculus }
 { Abdomen. { separated... Hæmatopinus }
PHTHIRIUS—Crab Louse (P. pubis vel inguinalis.)
Much smaller than the Pediculi, the abdomen is short and rounded. The separation between the thorax



FIG. I.—P. Pubis with orum.

and abdomen is slight. Like the other species, it is furnished with three pairs of legs, terminating in claws. It attaches itself to the hair of the pubes axillæ, breast, beard and eyebrows; never to the head.

Pediculus.—P. Capitis. This species infests the hair of the head, especially over the occiput; the female depositing her ova, which are oval semi-transparent, cupped at the free extremity, and firmly attached to the hair near the roots by a short peduncle; the period of incubation is about 120 hours. This parasite is about a line in length, the male being smaller and of a dirty white colour.—Both are furnished with six legs terminating in claws.



FIG. II.—A hair with nits of the head-louse; the embryo of the highest egg has been eliminated, the empty shell alone remained, the lid of the middle egg is lifted up.

P. Corporis.—Vel Vestamenti. This parasite is similar to the preceding, but larger and yellow. The ova are attached to the clothing.



FIG. III.—P. Corporis.

P. Tabescentium, or death louse, or "Pou des Malades."—Resembles the last species, but multiplies with such incredible rapidity that the irritation materially affects the termination in adamic cases (Carlet).

II.—Aphaniptera.

Sucking insects undergoing complete metamorphosis—Aptera—Thorax divided into three distinct rings, two geneva. Fleas (Pulex), and Chigoe or sand flea (Rhynchoprion).

Fleas have quadriarticulate labial palpi, and in the last but one abdominal ring, there is an excavated reniform depression (pygidium).



FIG. IV.—(Flea *)



FIG. V.—(Flea **)

The egg gives birth to a transparent lava, which at the end of a few days is enveloped in a sort of cocoon, where it is transformed into the nymph stage. The Chigoes possess biarticulate labial palpi, and have no pygidium. One species alone affects man, the *Rhynchoprion Penetrans*. This parasite is much smaller than the ordinary flea. Its habitat is in dry and sandy soil, where it multiplies to an incredible degree. It attacks the feet, especially beneath the nails and between the toes, the impregnated females burrowing beneath the skin and growing to the size of a pea. If not removed it causes ulceration, sloughing and even death. The ulcers extending between the tarsal and metatarsal joints, causing necrosis. I have on several occasions found the larvæ after amputation, and in the discharge from sinuses.—In removing this parasite, care must be taken to avoid puncturing the abdomen, as the ova are set free, causing irritation and abscess.



FIG. VI.—Chigoe (C. Hewett.)

(*) a. Male. b. Female. c. Egg.

(**) A. Head. a. Left jaw. b. Lancets and Mandibles. c. d. Labial, Labial and Maxillary palpi. B. Developed Rostellum. c. Left inferior labium. C. Extremity of a Lancet (C. Hewett).



FIG. VII.—Chigoe Impregnated (C. Hewett.)

IV.—Larva.

When flies deposit their ova in natural or accidental cavities, wounds, &c., their larva in developing may give rise to local inflammation or ulceration. In Britain, these accidents do not generally terminate seriously, but it is otherwise in the tropics.

The larva of the *Lucilia Hominivorax* and *Ochronya Anthropophaga*, are not unfrequently developed in the upper part of the nasal fossæ, giving rise to inflammation which may extend to the eyelids and forehead, causing ulceration, necrosis and destruction of the frontal and nasal bones and occasionally to meningitis. I think that the disease called *peenash* in India is caused by this fly. Besides this there are flies termed *Mouches Charbonneuses* such as stomoxes, calcitrans and simulium cinerium, which are accredited in France with causing the disease named *charbon*.

The stings of Bees and Wasps need scarcely be referred to, but a number of cases are on record in which death has resulted from them.

FIG. VIII.—*Lucilia Hominivora*.FIG. IX.—Larva of *L. Hominivora*.

(To be continued.)

Medical News.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentleman passed the Examination in the Science and Practice of Medicine, and received a certificate to practise, on Thursday, June 4th, 1885:—William Wright Shaw, M.R.C.S. Eng., St. Bartholomew's Hospital. The following gentlemen also on the same day passed their Primary Professional Examination:—William Gilmour Ellis, St. Bartholomew's Hospital; Percy John Rendall, St. Bartholomew's Hospital; John Elliotson Pennington Sparrow, King's College. The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, June 11th, 1885:—Alexander Cook, L.F.P.S. Glasgow, Argyle Place, Edinburgh; Frederick Walter Stericker, M.B. Camb., M.R.C.S. Eng., St. Saviour's, Jersey.

VACANCIES.—The following vacancies are announced:—Cheltenham General Hospital. House-Surgeon. Salary, £80 per annum. Applications by July 1st.—City of London Hospital for Diseases of the Chest, Victoria Park, E. Resident Clinical Assistant. Application to the Secretary, 24, Fins-

bury Circus, E.C.—Clinical Hospital for Women and Children, Park Place, Manchester. House-Surgeon. Salary, £80. Applications to Mr. Hubert Teague, 38, Barton Arcade, Manchester.—General Hospital for Sick Children, Pendlebury, and Gartside Street, Manchester. Junior Resident Medical Officer. Salary, £80 per annum. Applications by June 30th.—General Hospital for Sick Children. Medical Officer to the Dispensary. Salary, £180 per annum. Applications by June 30th.—Hartlepool Friendly Societies' Medical Association. Assistant Medical Officer. Salary, £120 per annum. Applications to T. Tweddell, Commercial Terrace, West Hartlepool.—Richmond Hospital. House-Surgeon. Salary, £80 per annum. Applications by July 1st.—West Bromwich Friendly Societies' Medical Alliance. Resident Medical Officer. Salary, £200 per annum. Applications to Mr. G. Abbott, 9, St. James Road, Sheffield.—West London Hospital, Hammersmith. Physician. Applications by June 29th.—West Riding Lunatic Asylum, Wakefield. Resident Clinical Assistant. Applications to the Medical Superintendent.

APPOINTMENTS.—William G. Black, M.R.C.S., elected Honorary Surgeon to the Children's Hospital, Newcastle-on-Tyne.—Henry Davis, M.R.C.S. Eng., L.S.A. Lond., Second Chloroformist to the Middlesex Hospital.—James Gilpin Houseman, M.B., Physician to Newcastle-on-Tyne Sick Children's Hospital.—James Limont, M.A., B.Sc., M.B., Honorary Physician to the Infirmary, Newcastle-upon-Tyne.—George Newton Aitt, M.A., M.D., M.R.C.P., Medical Registrar and Demonstrator of Practical Medicine to Guy's Hospital.—G. Eland Stewart, M.R.C.S., L.R.C.P., Resident Medical Officer to the Hospital for Diseases of the Throat, Golden Square.—R. C. Welsh, M.B., House-Surgeon to the North Dispensary, Liverpool.

NOTICE.

In to-day's issue, we commence the publication of a valuable series of *Illustrated Papers*, by Mr. Cresswell Hewitt, M.A., M.D., &c., on Pathology. These papers will be of great service to students preparing for University Examinations.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, JUNE 27, 1885.

EDITORIAL AND PERSONAL.

THE Volunteer Medical Staff Corps held its first church parade at St. Paul's on June 14th, being Hospital Sunday.

On Saturday, June 13th, the Volunteer Medical Staff Corps paraded at Woolwich Arsenal, where a course of instruction in loading and unloading ambulance wagons was gone through, as many as six wagons being available.

THE annual meeting of the United Hospitals' Athletic Club was held at the Stamford Bridge Grounds, West Brompton, on Thursday last. We hope to publish the results of the various contests next week.

THE Joint Committee of the Colleges of Physicians and Surgeons in London, which was recently appointed to consider what steps could be taken by the Colleges to confer the title of "Dr." on those taking the double diploma, has just held its first meeting. The only member absent was Sir Andrew Clark, through illness, but who is, we are happy to announce, now quite restored to health. Sir William Jenner occupied the chair at the Committee's meeting, and it is understood that a most satisfactory commencement was made with the work to be done. Another meeting of the Committee will shortly be held.

THE honour of knighthood has been conferred upon Dr. Peter Eade, Senior Physician to the Norfolk and Norwich Hospital, and Consulting Physician to the Norwich Dispensary and to the Jenny Lind Infirmary for Sick Children, etc. Dr. Eade took a prominent part in the proceedings of the Annual Meeting of the British Medical Association, held at Norwich in 1874; he was also a leading member of the Reception Committee on the recent visit of the Prince of Wales to Norwich, and has long been known as an active public character, who has done much in the interests of the people.

A SUM of from £10,000 to £12,000 is about to be expended in adding to the buildings of the Dublin University Medical School, which, owing to the steady increase of the School in recent years, are no longer adequate for its accommodation. A large lecture theatre, capable of seating 300 students, will form part of the extensions; and other improvements are contemplated which, when completed, will add much to the comfort both of the students and staff, the inconvenience attending the working of the School in its present inadequate premises being all but intolerable.

MR. WILLIAM HENRY BOWES, of Guy's Hospital, has been elected to the Surgical Scholarship of the Society of Apothecaries of London, of the annual value of £100. The examiners—Mr. Bryant and Sir William MacCormac—report that Mr. William Alexander Bowes McCabe, of University College, obtained a number of marks nearly equal to those of the successful candidate.

PROFESSOR VOLKMANN, whose fame as a surgeon extends throughout the whole civilised world, has just received a signal mark of the esteem in which he is held in his own country, by his Sovereign the German Emperor, having conferred a patent of nobility on the great Halle professor. All who recognize the incomparable services which Volkmann has rendered to surgery will rejoice at this distinction, and will feel that no more worthy recipient of such an honour could have been selected.

THE annual festival dinner of the London Fever Hospital was held on Tuesday last, at Willis's Rooms, under the presidency of the Lord Mayor, who is also treasurer of the Institution. The Earl of Devon was present, and spoke to several of the toasts

proposed, whilst Dr. John Harley, consulting physician to the Hospital, replied on behalf of the medical staff. Altogether the dinner was a very successful one, and, at its close, subscriptions, amounting in the aggregate to £2,517, were announced by the Secretary.

RECENT street improvements in Berlin have necessitated the removal of the Court Pharmacy (Schloss or Hofapotheke), founded in 1598 by the Electress Katherine, Consort of the Elector Joachim Frederick. Its first proprietor was Crispin Haubenschmidt, of Xalle on the Saale, in 1606. The pharmacy, on account of the silver vessels formerly employed there, was for many years known as the "Silver Pharmacy" (Silber Apotheke), and contained portraits of the foundress, and of Frederick Wilhelm I., who was a patron of the Pharmacy, and a dabbler in chemistry. It has been removed to the Monbijou Palace.

A STRIKING instance of the high position of English cities in the matter of sanitation was given by Mr. Edwin Chadwick, C.B., at a recent gathering of public sanitary inspectors in London. He said that, comparing Paris with London, the death-rate in the French capital, with a far finer climate, was 27 per 1,000, whilst in London it was less than 20 per 1,000, and this was mainly owing to the superior character of our home sanitation. He considered that it was the duty of the Government, in the interests of the people, to appoint a Cabinet Minister of Health, so that, instead of imperfect conceptions, there should be a perfect administrative organisation for sanitary purposes throughout the country.

JUDGING from the returns already published, there seems little chance of the Hospital Sunday Collection of 1885 being so large as that of the year preceding. At the present date the amount received at the Mansion House only slightly exceeds twenty-three thousand pounds; and already the principal returns have been made. Trade depression is probably to blame for this result in a large degree, but even this explanation is not altogether a satisfactory one, as the Saturday, rather than the Sunday collection, ought to show the falling off due to reduced wages. The question naturally arises, is the public tired of this mode of showing charity to hospitals? Certainly the universal collection on Hospital Sunday has affected the individual incomes of the anticipating Institutions.

THE ensuing election of three Fellows of the Royal College of Surgeons of England, to fill vacancies created on the Council by the retirement of Messrs. Erichsen, Holmes, and Savory, is exciting much speculation. Only Mr. Savory seeks re-election, and the new candidates include Messrs. Gant, Macnamara, Pemberton, Romer, Orwell, and F. Mason. Mr. Savory is the principal opponent in the Council to the much-needed College reform, and it is felt that it would not be any disadvantage to the College should he not secure a majority of votes. Of the others, Messrs. Gant, Macnamara, and Pem-

berton are avowed reformers, and we trust they may eventually be found to be the chosen representatives on the Council of the Fellows of the College.

CHOLERA in Spain appears to be making rapid strides, although as yet the capital is not the scene of such wholesale decimation as some of the smaller affected places, many of which are being deserted by all who have the means of leaving them. In connection with the proceedings of Dr. Ferran in respect to inoculation, a Royal Commission has arrived at the following conclusions:—First, the epidemic in Valencia is Asiatic cholera. Secondly, that the comma bacillus, or microbe, does exist in liquids used by Dr. Ferran for inoculation purposes. Thirdly, that inoculation is absolutely inoffensive and ought to be tolerated under State supervision, the State collecting statistics until it can be finally decided if this system is really a preventive against cholera. Fourthly, Dr. Ferran is warmly recommended, as worthy of official protection and assistance, to continue his experiments. The report is signed by Drs. Maestre, San Juan, Alonso Rubio, President of the Supreme Board of Health. Professor San Martin signs the report, but deprecates the official intervention which has already put such difficulties in the way of the labours of the Commission that it has been unable yet to pronounce on the efficacy of inoculation, nor have the Commissioners arrived at unanimous resolutions, as Professor Mendoza, the fourth Commissioner, is still hostile to inoculation. The Government will refer the report to the Royal Academy of Medicine and the Supreme Board of Health; but meanwhile will allow Dr. Ferran to inoculate in the cholera-stricken districts. Medical men are much divided in their opinion upon this report, but public opinion has adopted the cause of Dr. Ferran, regarding it as patriotic enthusiasm for native science.

On Wednesday afternoon the Princess of Wales, accompanied by Prince Edward and the Princesses Louise, Victoria, and Maud of Wales, drove from Marlborough House to the Cannon Street Hotel for the purpose of opening a bazaar and fancy fair in aid of the funds of the North-Eastern Hospital for Children, situated in Hackney Road. Their Royal Highnesses were received at the entrance to the hotel by a deputation of the managing body of the institution, consisting of Mr. G. J. G. Barclay, president of the hospital, Lord F. Fitzroy, chairman of the committee of management, the Bishop of Bedford, Mr. W. A. Tyssen-Amherst, M.P., and Mr. J. L. Goodlee, and by them conducted through the great hall, where the exhibition was held, to a raised platform at the far end. Here were seated the Lord Mayor, the Lady Mayoress, Mr. Alderman and Sheriff Whitehead and Mrs. Whitehead, Mr. Sheriff and Mrs. Phillips, the Marchioness of Salisbury, Lady Bolsover, Sir Richard Temple, and others. On the appearance of their Royal Highnesses, the assembly rose, and the choir of the Bethnal Green Parochial Schools, stationed in the gallery, sang the first verse of the National Anthem. The ceremony was purely formal. A statement was made by Mr. Barclay as to

the affairs of the hospital, and at the conclusion he requested the Princess of Wales to declare the bazaar open. In response to this request, Lord F. Fitzroy, in the name of the Princess, declared the exhibition open. A number of purses were then presented by children of tender years, the total of the presentation amounting to £760.

University, College, and Hospital Intelligence.

CAMBRIDGE UNIVERSITY.

PASS LIST.—First Examination for the M.B. Degree. *Chemistry and Physics*.—Examined and approved.—Cowell, St. John's; Cropper, Trinity; Devereux, Selwyn; Dixon, Cavendish; Durham, King's; G. T. Eccles, non-collegiate; Fele, Jesus; Fletcher, Trinity; Gillibrand, Queens'; Graves, Caius; Hale, King's; Hall, Caius; Hartin, Downing; Haydon, Caius; Knox, Cavendish; S. H. A. Lambert, St. John's; Latter, Pembroke; Lowndes, Cavendish; Martley, Trinity; J. W. Russell, B.A., Trinity Hall; J. D. Stubbs, Trinity; Sutton, Clare; Waggett, Pembroke; Wait, St. John's; Wesel, King's; Williams, Caius.—SECOND EXAMINATION FOR M.B. DEGREE. *Pharmacy and Pharmaceutical Chemistry*. Examined and approved. Anderson, Caius; Anson, M.A., Trinity; Bromhead, B.A., Jesus; W. G. Clark, Cavendish; W. Clarke, B.A., Cavendish; Cobbett, B.A., Trinity; Cockledge, M.A., Caius; Colbeck, Caius; Copeland, B.A., King's; Cradock, Pembroke; Crisp, Caius; Cross, M.A., Caius; Crosse, Cavendish; Dickson, B.A., Jesus; W. H. Fox, Trinity; Francis, St. John's; Gervis, B.A., Trinity; Greaves, Caius; F. P. Haviland, B.A., Pembroke; Hill, Jesus; Jacques, M.A., St. John's; Johnson, Caius; Kelsey, Trinity; Major-Brown, B.A., Downing; Matthews, non-collegiate; Melsom, Queens'; Pearce, B.A., Cavendish; Pierson, B.A., Trinity; Rendell, Clare; Rouillard, Caius; Sewaes, B.A., King's; Shaw, B.A., Caius; Smithson, Christ's; Stokes, B.A., Pembroke; Sykes, Trinity Hall; Troutbeck, Clare; Turner, Caius; Veale, Christ's.—*Human Anatomy and Physiology*.—Examined and approved.—Arkwright, Trinity; Barnett, B.A., Caius; Blaikie, B.A., Caius; Browning, B.A., Clare; H. Cox, M.A., Trinity; Fitzgerald, B.A., Caius; Goulston, B.A., Clare; Harrison, B.A., St. John's; E. L. Jones, non-collegiate; Kerr, B.A., St. John's; McConkey, B.A., Caius; A. D. Marshall, B.A., Clare; Prowse, B.A., non-collegiate; W. R. Russell, B.A., Trinity Hall; Rutherford, Sidney, Sussex; G. R. Saunders, B.A., Caius; M. H. Spencer, B.A., Trinity; Wilde, B.A., Clare; Whitty, B.A., Emmanuel.

UNIVERSITY OF DURHAM.

EXAMINATION FOR DEGREES IN MEDICINE AND SURGERY.—Easter Term, 1885.—The following satisfied the Examiners:—For the Degree of M.D. for Practitioners of 15 years' standing.—Ferdinand Campion Batchelor, M.R.C.S., L.R.C.P., L.S.A.; John Badcock Harris, M.R.C.S., L.R.C.P.; John Edward Morris, M.R.C.S., L.S.A.; Frederick Stephen Palmer, M.R.C.S., L.R.C.P., L.S.A.; Gifford Ramsford, M.R.C.S., L.R.C.P.; Reginald Palgrave Simpson, M.R.C.S., L.S.A. For the Degree of M.D. (Essay).—Frederick Eastes, M.B., M.R.C.S.; Edwin Longstaff Prowde, M.B.; Septimus Tristram Pruett, M.B., M.R.C.S. For the Degree of M.S.—George Stratton Aaleit, M.R.C.S., L.S.A., King's College; Clemens Cornelius Caleb, M.B., M.R.C.S.; James Reid Roberts, M.R.C.S., L.R.C.P., Middlesex Hospital; Charles For Walker, M.R.C.S., Guy's Hospital. Second Examination: the Degree of M.B.—First-Class Honours (none). Second-Class Honours (in order of merit).—James Reid Roberts, M.R.C.S., L.R.C.P., Middlesex Hospital; Charles John Evers, M.R.C.S., L.S.A., Queen's College, Birmingham; Frederic Pinsent Maynard, St. Bartholomew's Hospital; James Nowell Richardson, M.R.C.S., Leeds Medical School.

PASS LIST (IN ALPHABETICAL ORDER).—George Stratton Aslett, M.R.C.S., L.S.A., King's College; Alfred Reuben Aubrey, Bristol School of Medicine; Philip Boobyer, M.R.C.S., L.S.A., King's College; Reginald Treacher Bowden, M.R.C.S., L.S.A., St. Bartholomew's Hospital; George Rome Hall, College of Medicine, Newcastle-upon-Tyne; Herbert John Hillstead, M.R.C.S., L.S.A., Guy's Hospital; Arthur John Hubbard, M.R.C.S., L.R.C.P., St. Thomas's Hospital; John Lloyd Thomas Jones, St. Bartholomew's Hospital; Francis Henry Mead, St. George's Hospital; Walter Francis Moore, M.R.C.S., St. Bartholomew's Hospital; Sydney Joseph Palmer, M.R.C.S., St. Bartholomew's Hospital; Henry Beddoes Wetherell Plummer, College of Medicine, Newcastle-upon-Tyne; Frederick Proud, College of Medicine, Newcastle-upon-Tyne; Francis Albert Saw, Charing Cross Hospital; Charles James Tabor, Middlesex Hospital; Charles Pope Walker, M.R.C.S., Guy's Hospital.

EXAMINERS.—George Y. Heath, M.D.; Thomas Cargill Nesham, M.D.; G. H. Philipson, M.D.; Henry E. Armstrong, M.R.C.S.; Frederick Page, M.D.; David Drummond, M.D.; T. W. Barron, M.B.; R. Douglas Powell, M.D.; A. T. Norton, F.R.C.S.

Examination Questions.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

MONTHLY EXAMINATION, JUNE, 1885.

License to Practise Midwifery.—(Dr. W. J. Smyly).—1. Describe the development of the placenta, and the diseases to which it is liable. 2. How can the position of the fetus be determined by external palpation? 3. How should a case of natural labour be conducted? 4. What methods have been suggested for the induction of premature labour? What circumstances would guide you in the choice of any particular method? and mention the appropriate time for its employment. 5. What are the causes of asphyxia in the new-born infant; and the appropriate treatment? What is vagitus uterinus?

(Dr. MacSwiney).—1. What are the indications for operative interference in retro-uterine pelvic hæmatocoele? With what other conditions may this affection be confounded? 2. Enumerate the causes of hæmorrhage from the unimpregnated uterus. 3. Give the symptoms which often precede and accompany the "change of life" in a woman. What effect has the *menopause* upon uterine disease, or the tendency thereto? 4. Enumerate the diseases to which the ovaries are liable. 5. Mention the several causes of dysmenorrhoea. Describe the treatment suitable for each variety.

VOLUNTEER MEDICAL STAFF CORPS.

At the Mansion House, on Friday, June 19th, the Right Hon. the Lord Mayor in the chair, a public meeting was held to promote the interests of this Corps. After stating the object of the meeting, and recommending the movement to those present, the Lord Mayor was called from his position in the chair, which was subsequently ably occupied by Dr. Crawford, Director-General of the Army Medical Department. The first resolution—"That this Corps deserves the cordial support of all classes of the community"—was proposed by General Gippe, C.B., commanding the Home District, and, in a well-chosen speech, was seconded by Sir James Hanbury, K.C.B., Principal Medical Officer Home District, and supported by Mr. Furlay. The second resolution—"That this Corps is an essential part of the Volunteer Force"—was proposed by Colonel Routledge, City of London Rifle Volunteers, and supported by Sir William MacCormac. The third resolution—"That this meeting pledges itself to promote the interests of this Corps, monetarily and otherwise"—was proposed by John Biddulp Martin, Esq., seconded by Sir Guyer Hunter, K.C.M.G., and supported by Colonel Shakespeare and General Lowry.

All the speakers dwelt on the usefulness of the Corps as a great teaching element to young medical men, and especially useful to the community at large, as well as a backbone and essential reserve to the Army. It was stated that the medical

officers of the Army had already grasped the importance of the movement: but that it would take a long time to educate the mass of civil practitioners to bestir themselves to take their rightful place in public movements of the kind. Especially in this particular enterprise might it be expected they would come forward, as it is the first organized movement of the kind ever started by civil medical men in this or any other country.

Notices of Books.

THE YEAR BOOK OF TREATMENT.*

THE fact that since the first issue of this work in the early part of the year, no less than four editions have been demanded by the profession, is the strongest evidence of its value. The idea of presenting in one volume of moderate dimensions the various methods of medical and surgical treatment brought before the notice of the profession at home and abroad, during the year 1884, was a very happy one, and the publishers were exceptionally fortunate in securing the services of men of high professional standing to edit the various sections into which the work is divided. It will suffice to mention a few only. General Surgery is taken by Mr. Bryant and Mr. F. Treves; Medical Diseases of Children, by Dr. A. E. Sansom; Surgical Diseases of Children, by Mr. Edmund Owen; Diseases of the Heart and Circulation, by Dr. Mitchell Bruce; Diseases of the Stomach, Liver, &c., by Dr. T. Lauder Brunton, F.R.S.; Diseases of Women, by Dr. John Williams; Diseases of the Eye, by Mr. Henry Power, and Diseases of the Skin, by Mr. Malcolm Morris. The mass of information to be found in this work bearing on treatment, largely obtained from foreign sources, will, if properly applied, secure for the patients of the ordinary country practitioner as skilful and advanced treatment as if he were under the care of the leading physician in the metropolis of any European or American state.

DARTNELL'S ANATOMICAL NOTES.†

THIS is a reprint in pamphlet form of the first portion of the excellent anatomical notes by Mr. Dartnell, now being published in our columns, and contain in tabulated form a description of the various structures which enter into the anatomy of the upper extremity. The author has taken great pains in preparing this compilation, and he has so far done the work exceedingly well, as our readers have had abundant opportunity of observing. Those who are preparing for the membership and fellowship examinations of the Royal College of Surgeons will find Mr. Dartnell's notes exceedingly useful, and they may also be profitably consulted by surgeons to refresh their memories on half-forgotten anatomical points before commencing surgical operations. We congratulate our old and valued contributor, Mr. Dartnell, on his *début* as a medical author, and hope his labours will be rewarded with success. Certainly, the price of the little work—sixpence—ought not to stand in the way of its rapid sale.

COSGRAVE'S STUDENT'S BOTANY.‡

IN this little work, of some ninety pages, Dr. Cosgrave has compiled a capital introduction to the study of botany, going over, in fact, the ground covered by the course of botany of the Royal University of Ireland. Part I. consists of a glossary of botanical terms, the definition being clear and exact. In Parts II. and III. the author deals with the general classifica-

* The Year Book of Treatment for 1884, by various authors. London: Cassell and Company, Limited.

† Notes on Anatomy, by George Meadows Dartnell, L.R.C.S., Senior Assistant House-Surgeon South Dispensary, Liverpool. Part I. London and Liverpool: James Cornish and Son.

‡ The Students' Botany, by E. Macdowel Cosgrave, M.D., Ch.M., L.K.Q.C.P.I., Lecturer on Botany and Zoology at the Carmichael College of Medicine, &c., &c. Dublin: Fennin and Co.; London: Baillière and Co.

tion of plants and the consideration of the selected natural orders for the Irish University course. Examples of the botany papers set at the Irish University examinations are also given, the whole forming a concise work, which will be much appreciated by students as a valuable aid to success in the examination room.

KEETLEY'S GUIDE TO THE PROFESSION.*

In this, the second edition of his well-appreciated *Guide to the Medical Profession*, Mr. Keetley has made a large number of additions, which more than double the size of the book. These additions include chapters on drawing, students' societies, provincial schools of medicine, the army and Indian medical services, and a very valuable chapter to those about to commence their medical studies, containing information as to the conditions under which pupils are taken at the leading provincial hospitals. We are glad to see that Mr. Keetley condemns the system of lectureships in vogue at many of our medical schools. He says; "No one approves more warmly of good lectures than I do. But the grievance lies in the following combination of circumstances:—(1) Students are compelled to spend an enormous amount of valuable time in attending lectures; (2) The gentlemen who deliver these lectures obtain their lectureships almost entirely by virtue of their position as medical officers of a hospital, having choice of lectureship according to seniority. Not only are they often specially unfitted to teach the subject which falls to their lot, they are sometimes also quite destitute of every gift required in a lecturer on any subject." Rather severe this; the more so that it is absolutely true.

The following sketch of such a lecturer and his class, will call to mind a familiar scene to many of our readers:—"A gentleman, awkward in manner, in an ungainly attitude, his voice unmusical and indistinct, his head bent over a manuscript, which he reads in a weak, mechanical, and blundering way, conveying the idea that he does not understand it himself. From his style of lecturing, you would think him as cold-blooded as a fish. But it is not so; although he has no enthusiasm, he may have plenty of bad temper; and, in the course of the weary hour, he very probably shows it. He is likely to have enough provocation. For—let us turn to his class. What do we see? To begin with, half the students are not there. This system of compulsion cannot be thoroughly enforced. The students are just harassed by it as much as they will stand, and no more. Is that good for discipline? Could anything more effectually undermine all discipline? If any single London hospital enforced to the letter the law of compulsory attendance at lectures, the entries at that hospital would tell a dismal tale. But, with regard to those students who are at lecture—how are they behaving? The top row of seats is usually occupied by rowdies. Sometimes the helpless lecturer lets them run riot. Sometimes he engages in a painful conflict with them, in which he may have the sympathy of a few students present, who know him personally, and like him, but is regarded by the majority with no more pity or respect than if he were a wrangling and spiteful charwoman." There are many other matters of great interest in the work, which we should have wished to refer to had our space permitted; we have, however, shown that Mr. Keetley's "Guide" contains much of value to those who contemplate commencing the study of medicine, as well as to those who have already entered upon their professional career.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS, Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

* The Student's Guide to the Medical Profession. By O. B. Keetley, F.R.C.S., Senior Surgeon to the West London Hospital, &c. Second Edition. London: Baillière, Tindall and Cox, 20, King William Street.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

DR. BARKER is thanked for his communication, which shall be inserted in an early number.

DR. DAWSON is thanked for his communication, which would have appeared this week, but unfortunately has been temporarily (as we hope) mislaid.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. C. E. Armand Semple, London; Dr. J. Brindley James, London; Dr. J. C. Barker, London; Mr. A. Fagan, Hon. Sec. United Hospital Athletic Club, London Hospital; Dr. A. W. Kerr, Bishops Auckland, Durham; Mr. W. Fingland, Liverpool; Mr. F. K. Mandurvala, London; Dr. E. W. Dawson, Clacton-on-Sea; Mr. H. Drummond, Glasgow; Mr. Reid, Aberdeen; Mr. G. L. Gifford, Birmingham; Mr. H. E. Lewis, London, &c., &c.

BOOKS, PAPERS, &c., RECEIVED.—"Elements of Surgical Pathology," by Augustus J. Pepper, M.S., M.B., F.R.C.S., Surgeon to St. Mary's Hospital, &c. Second edition. London, Cassell & Company.—"Pathological Myology," by G. Sims Woodhead, M.D., F.R.C.P., and Arthur W. Hare, M.B., C.M., Section I., Methods. Edinburgh, Young J. Pentland. Medical Times and Gazette—Medical Press and Circular—Medical Annals—Canada Medical and Surgical Journal—British Medical Journal—New York Medical Record—Canada Medical Record, &c., &c.

Exchange Column.

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Notes by the May.

AFTER an interval of twelve years, St. Bart's has again asserted its superiority in the matter of athletics, and has succeeded in carrying off the Challenge Shield. For several years the Bart's men have not shown to advantage at the Stamford Bridge contests, and have allowed the shield to go the round of the hospitals. Having secured the trophy once again, we may expect they will make a desperate effort to hold it for a year or two longer, and there is very little doubt they will do it if their crack representatives retain their present form.

THE admirers and disciples of the apostle of hygienic woollen clothing, Professor Gustav Jäger, of the Agricultural College of Hohenheim, in this country, will be much upset by the news transmitted by the Vienna correspondent of *The Times* a few days ago. He states that the Professor is not content with having done so much for the woollen trade, but has lately patented a pill, which contained, as he said, a distillation of the liquid which exists in human hair, and advertised his pill in a learned-looking pamphlet as a sovereign cure for many internal disorders. The Austrian Minister of the Interior was inquisitive enough to have these pills analysed, and finding them to contain nothing but sugar of milk, has forbidden them to be sold. It is very unkind of the Austrian Minister to expose this little bit of harmless quackery. Had the delusion not have been dispelled, the dupes of the pill quacks in this country would soon have had an opportunity of swallowing Professor Jäger's precious "distillation of the liquid which exists in the human hair." It is only fair to state that the learned professor asserts that the potent pills are of a homoeopathic character, the dilution of the remedial agent is quite infinitesimal—viz., a trillionth! Surely analytical science is thrown away on this nostrum.

THE wife of a man named John Brooks, of Manchester, has just presented her husband with the very substantial increment to his family of three male children, all alive and well. For a similar occurrence in 1860, Mrs. Brooks was made the recipient of the Queen's bounty.

A CASE of singularly early menstruation is reported by Dr. Derveer, in the *Gazetta Medica di Bahia*. The subject was an infant two years and seven months old, who had menstruated from the age of four months, with the exception of a period of three months, during which the menses did not appear. She exhibited symptoms of illness during the period they were absent, which disappeared on the return of the monthly flow. The child, at the date of observation, weighed 40 lbs. The mammae were the size of small apples, the mons Veneris, the labia majora and minora, were well developed, and the former was covered with a growth of hair.

ANOTHER death in the Turkish bath is reported. The victim was the wife of a police constable at Preston, and had suffered from heart disease for several years. At the inquest it was stated that the room was only heated to 110 degrees, and after she had been subjected to that temperature for a short time, she called out, "I am going," and died instantly. Turkish baths should not be taken, except under medical advice; and it cannot be too widely known that persons suffering from cardiac disease are liable to sudden death, if exposed for any length of time to the ordinary temperature of the bath.

AMONG the Scotch sequestrations reported this week is that of Mr. W. Ferrier, described as a medical student, of Edinburgh. That a medical student could have succeeded in getting sufficient credit to make it worth while to pass through the bankruptcy court is very extraordinary. As a rule, students are expected to pay for goods before they are permitted to walk off with them, but Mr. Ferrier appears to have succeeded in gaining the confidence of the parties he favoured with his orders. A student who can do this must possess abilities of no common order, and will certainly command success as a medical practitioner.

At the Liverpool Police Court, last Saturday, a man named John Wilson, who is described in the local newspapers as a doctor of medicine, was charged with forging a cheque for £2. There is no one answering to the description mentioned in the *Medical Directory*, and I am assured by a Liverpool correspondent that the man is an unqualified practitioner, and that he has no claim to professional recognition, beyond the fact that he is related in some way to the head of a firm which has extensive business transactions with medical men.

THE trial of Dr. Quinet, the Belgian physician, who fired at and shot the lover of his wife, as reported in the *GAZETTE* of March 14th last, took place last week at the Seine Assizes. It was shown that the victim had behaved in the most scandalous manner, he having induced the faithless wife, who was the mother of nine children, to elope with him to Paris, and the jury, without hesitation, returned a verdict of "Not guilty," and the doctor was acquitted, amid prolonged cheering from the crowded court. Had Dr. Quinet been tried before an English jury, he would have been convicted, and probably sentenced to a long period of penal servitude. They manage these things much better in France.

THE *Medical Press and Circular* reports a little disagreement which has recently taken place between two unqualified practitioners at Hanley as to their methods of carrying on "practice." As one appeared to the other to be getting the lion's share, he adopted the device of advertising himself by treacle buns and other luxuries to a given number of boys. Quack number two considered this method of his learned brother unprofessional, and published a libellous circular in consequence. Number one

thereupon carried the matter to the law courts, when the magistrate properly decided that, as neither had any legal status, they might expose each other to their heart's content, but libelling was impossible, as they had both placed themselves beyond the protection of the law. The profession in Hanley has been much edified by the scene, and the public are learning the true character of the combatants.

THERE is some talk of starting a medical school in Dundee, and the *Lancet* favours the idea, most probably instigated thereto by some ambitious non-entity who is unable to succeed in practice. It is to be hoped that the scheme will fall to the ground, as there are already too many trumpery little provincial medical schools, which do an infinite amount of harm by flooding the profession with imperfectly educated practitioners of low type, who can only succeed by adopting practices which bring disgrace upon the profession at large. It is said that the idea is favoured by Sir Andrew Clark, Professor Gairdner, and Professor Foster. These gentlemen would be showing their good sense and loyalty to the profession by discouraging the establishment of medical schools in third and fourth-rate provincial towns.

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Original Papers.

THE ESSENTIALS OF TOXICOLOGY.

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(Continued from page 171.)

VEGETABLE POISONS.

NARCOTICS.

OPIMUM AND ITS PREPARATIONS.

In addition to the many preparations of opium used in legitimate medicine, there are many patent remedies containing this drug, or its alkaloid morphia, and all of which have proved fatal, such as black drop, Godfrey's cordial, Dalby's carminative, Winslow's soothing syrup, Locock's pulmonic wafers, chlorodyne, nepenthe, liquor opii sedativus (Battley), syrup of poppies, &c. The white poppy heads grown in this country are also poisonous.

Opium contains several principles, but medicolegally morphia and meconic acid combined as meconate of morphia are the most important, and by the reactions of these two substances the presence of opium is recognised.

Symptoms of Poisoning.—These are giddiness, drowsiness, followed by stupor, proceeding to perfect unconsciousness, profound sleep, slow and almost imperceptible breathing, eyes shut, pupils contracted and insensible to light, pulse very rapid and small or full and slow, skin moist and cool, and the face flushed. At first the patient can be roused by a loud noise, but at a later stage he is kept awake with the greatest difficulty, and at last he becomes completely

comatose, with stertor, pallid, and ghastly countenance. Death may take place from apoplexy, collapse, apnoea, convulsions, or paralysis, but is usually tranquil.

In rare cases there are vomiting, diarrhoea, delirium, tetanoid spasms, dilated pupils, and it has happened that the usual narcotic symptoms have been absent, and death occurred suddenly.

When the drug is taken in large quantity, and in a fluid state, the symptoms may commence within a few minutes, and coma may be established in half-an-hour. Complete stupor has been present within fifteen minutes, even when the poison has been taken in a solid form; but, nevertheless, the action of a large dose of opium may be delayed for half-an-hour or more, and even eighteen hours have elapsed before the development of symptoms. When the stomach is full, the action of the poison is more rapid than when the organ is empty, and it is more active when taken in a liquid form, than when in a solid state; or when the patient remains still, than when he moves about.

Treatment.—Get rid of poison as quickly as possible. The stomach-pump may be used; infusion of green tea, coffee, or water, with finely-powdered charcoal suspended in it, being employed to wash out the stomach. Vomiting should be encouraged by emetics, as sulphate of zinc, and by tickling the fauces with a feather. A free purge may be given after the emetic has acted. The patient should never be allowed to sleep, but kept continually moving. Cold water may be thrown on the face and neck, and strong tea and coffee given at repeated intervals. Tannic acid is considered by some to be the only antidote. As regards the employment of belladonna preparations as antidotal to opium, it has been stated that these are worse than useless, as the presence of both poisons increases the effect of either.

Post-Mortem Appearances.—These are not well marked or constant. The most frequent are a turgid state of the cerebral vessels, with or without effusion of serum under the arachnoid, into ventricles, at the base, or around the spinal cord.

Quantity required to destroy life.—The smallest recorded is about four grains, but enormous quantities have been taken without ill effects. In young children remarkably small doses have proved fatal, and some persons are peculiarly susceptible to the influence of opium, others just the reverse.

If large quantities of opium are taken habitually, and for a long period, they are followed by emaciation, loss of appetite, with constipation and loss of mental and physical vigour, severe neuralgic pains, premature old age, and early death.

Period at which death takes place.—The shortest recorded is three-quarters of an hour. The average may be said to be 7 to 12 hours. If the case survives for 12 hours the hope of recovery is very good.

Mode of extraction from the stomach.—The odour of opium may be detected in the stomach. Every watery solution of opium contains *meconate of morphia*. The process is as follows:—The contents of the stomach should be filtered, any solid matters being cut into small fragments, and well mixed with the liquid. Acetic acid should be added, and then acetate of lead; by this means meconate of lead is

precipitated, and acetate of morphia remains in solution. The mixture is filtered and tested as follows:—The solution containing the acetate of morphia is divided into two portions. To the one is added solution of perchloride of iron, upon which a greenish blue colour is produced. The other is evaporated to dryness, and nitric acid added, when a yellow colour, passing to orange red, is developed. The precipitate containing meconate of lead is diffused through water, and through it sulphuretted hydrogen passed, by which means sulphide of lead (black) is precipitated, and a solution left containing meconic acid. In this last, upon the addition of perchloride of iron, a blood-red solution is formed. It must, however, be mentioned that this method of analysis will sometimes fail, and in some cases of poisoning by opium the best methods of analysis have afforded no satisfactory evidence of the presence of the poison.

Tests.—1. Nitric Acid, added to dry morphia, develops a rich orange colour, dissolving the morphia with effervescence, and with the production of ruddy fumes. If the acid is added to a solution of morphia a yellow colour is produced.

2. Perchloride of Iron.—This reagent, which should be neutral, gives a rich indigo blue with powdered morphia, turning to green if added in excess. In solution the colour is greenish blue.

3. Starch and Iodic Acid.—A small quantity of iodic acid is dissolved in a drop of cold, freshly-made starch, and placed on a white slab, morphia being then added. The iodine is liberated upon the starch, and the blue iodide of amidon or farina produced.

4. Sulphuric Acid and Bichromate of Potash.—Sulphuric acid, when added to morphia, produces but little effect, but upon the addition of solution of bichromate of potash, the mixture becomes of a rich brown hue, which rapidly passes to green, from the reduction of the green oxide of chromium.

For meconic acid the only reliable test is the perchloride of iron, which yields with it a blood-red or intense cherry-red colour, discharged by a solution of protochloride of tin, but not by solution of chloride of gold, or perchloride of mercury, or by diluted mineral acids. Although it is true that perchloride of iron gives a similar red reaction with sulphocyanide of potassium, the alkaline acetates, and common mustard, still the successful action of this test for meconic acid is strongly confirmatory of the presence of opium, when the tests for morphia have been satisfactorily obtained.

(To be continued.)

University, College, and Hospital Intelligence.

MIDDLESEX HOSPITAL.

CONVERSATION.—A most successful conversazione, organised by the President and officers of the Students' Medical Society, was held on Wednesday evening, the 25th ult., at Middlesex Hospital. In spite of the somewhat unseasonable weather, a fashionable assemblage of ladies and gentlemen, numbering at least two thousand, collected within the

precincts of the hospital, and enjoyed to the full the various artistic and scientific amusements provided. The Boardroom and new Out-patient Department were exquisitely decorated, and proved admirably suited for the reception of the guests, and for the exhibition of the various objects of scientific interest, kindly lent by most of the leading firms. But the special feature of the evening was the brilliant, yet tasteful, illumination of the spacious gardens of the Hospital. An excellent musical entertainment, under the direction of Mr. G. A. Osborne, was provided in the School, to which Mr. W. H. Cummings and other eminent artistes lent their valuable assistance. In the Anatomical Theatre, which was filled to overflowing, Dr. B. W. Richardson, F.R.S., delivered a most interesting address on "Medical Poets." The lecturer began by observing that Apollo was the God of Physic, as well as of Music and Song, and it was natural, therefore, that men of physic should combine the two arts. No profession had produced so many poets as physic. Of what might be called prose poets, brilliant examples were such men as William Harvey, Arbutnot, William Hunter, Sir Thomas Watson (who had taught the practice of medicine in the Middlesex Hospital School), John Fernandez Clarke, Mr. Stephens, of Finchley, and others. Among poets of fame, who had been more or less connected with the practice of medicine, he instanced Sir Thomas Browne (the author of the *Religio Medici*), Sir Richard Blackmore, Sir Samuel Garth, Mark Akenside, John Armstrong, Oliver Goldsmith, Erasmus Darwin (the grandfather of the late Charles Darwin), Nathaniel Colcar, George Crabbe, David Muir, and John Keats. From each of these authors Dr. Richardson gave choice extracts; and, at the conclusion of the address, a hearty vote of thanks was accorded to him. The band of Messrs. Lucas played a charming selection of music in the gallery of the museum during the evening. Altogether the entertainment was an unqualified success.

ST. MARY'S HOSPITAL.

FESTIVAL DINNER.—On the 24th ult. a festival dinner, in connexion with this hospital, was held at the Langham Hotel. The chair was taken by Mr. George Palmer, M.P., who, in proposing the toast of "Prosperity to St. Mary's Hospital," said that the hospital, which was begun in 1845, the first stone being laid by the late Prince Consort, now held 270 beds, but the governors regretted that they had only been able up to the present to provide for 244 beds. The hospital had a very small endowment, and from that endowment, such as it was, and the annual subscriptions and donations, some £8,000 per annum was raised, while the annual expenditure amounted to £13,000. The deficiency had hitherto been met by subscriptions and legacies, but still the sources from which they came were precarious, and more money was wanted. He himself the other day had seen one of the new wings, but it was unhappily empty for want of funds. The toast was received with enthusiasm, and the secretary afterwards read a list of subscriptions and donations amounting to about £2,200.

VICTORIA UNIVERSITY.

COMMEMORATION DAY.—The "Commemoration Day" celebrations of this University are by no means decreasing in interest or popularity. The proceedings of yesterday week were greatly enhanced by the large number of ladies present, and were also considerably enlivened by the students, who, in their usual style, demonstrated their approval or disapproval. The honours' list, as detailed by Vice-Chancellor Greenwood, was both long and interesting, and plainly indicated that the fountains of knowledge in our midst are not limited. Two of the chief prizes—English verse and Greek prose composition—have been carried off by lady students.

THE NEW ASSOCIATES.—Of the twenty associates presented, eleven were graduates of the Victoria University, five of the University of London, three of the University of Cambridge, and one of the University of Oxford.

MEDICAL SCHOLARSHIPS.—*Drumstrey Medical Entrance Scholarship* of £100, divided between Percy Ashworth, B.Sc., and John Gardner, B.Sc. *The Robert Platt Physiological Scholarship*, £50, tenable for two years—Charles Frederick Marshall, B.Sc. *Senior Robert Platt Physiological Exhibition*—divided between Arthur Henry Gault and Charles Frederick Marshall, B.Sc. *Junior Robert Platt Physiological Exhibition*—Percy Ashworth, B.Sc. *Turner Medical Scholarship*—Edward Somers.

DEGREE OF B.Sc.—With Honours in Mathematics.—Second class, H. Holden; third class, W. F. Pearce. *With Honours in Engineering.*—First class, H. T. Ashton and M. Douglas; second class, T. A. Peace. *With Honours in Chemistry.*—First class, H. G. Coleman and A. Harden; third class, A. Schloesser. The Mercer Scholarship is awarded to Mr. Colman. *With Honours in Zoology.*—Second class, A. Dendy. *Final Examination for the Ordinary Degree of B.Sc.*—First division, C. H. Lees and T. B. Leigh; second division, J. Beard and C. H. C. Livesey. *Intermediate Examination for the Ordinary Degree of B.Sc.*—J. Lunt, J. T. Millett, and O. S. Rhodes. *Medical Preliminary Examination.*—First division, A. E. Aah, A. J. Chalmers, W. Worley, and L. Yovatt; second division, H. B. Gore, J. Walker Hall, C. B. Robertson, R. Thorburn, and A. C. Wilson.

MEDICAL DEPARTMENT, OWENS COLLEGE.—The number of students in the Owens College Medical School is—1884-5, 320; 1883-4, 304.

THE VACANT CHAIRS OF ANATOMY AND OBSTETRICS.—The chief topic of conversation upon the medical side is as to who will be elected to fill the vacant chairs of anatomy and obstetrics. The favourites for Dr. Thorburn's chair are Dr. Lloyd Roberts and Dr. Cullingworth. These gentlemen are both well-known, and are both physicians to St. Mary's Maternity Hospital; but it is generally believed that Dr. Lloyd Roberts will be the successful candidate as Dr. Cullingworth already holds the position of Lecturer on Forensic Medicine.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, JULY 4, 1885.

EDITORIAL AND PERSONAL.

INTELLIGENCE was received a few days ago, of the unexpected death of Dr. Davis Porter, army surgeon, at Wady Halfa, Egypt. He was nephew of the Rev. Dr. Porter, of Queen's College, Belfast, and volunteered for the Soudan, being attached to the 4th Dragoon Guards. His services on the Nile greatly distinguished him, and he was the principal of the Wady Halfa Hospital, where he was seized with dysentery and died.

ON Tuesday last, at a crowded meeting at the school premises, which were gaily decorated with flowers, Professor Gladstone, F.R.S., distributed the prizes to the students of the London School of Medicine for Women, and then gave a short address to the students, in which he said he had viewed with interest the progress of the movement for medical education for the past 30 years. Professor Harvey, M.D., of Calcutta, said that hundreds of thousands of Indians were suffering from the want of medical care. Mr. Norton gave notice of the foundation of the John Byron Scholarship from the proceeds of a legacy recently left to the school.

A MOVEMENT is on foot to secure the establishment of a school of medicine in Dundee, and cordial support has been given to the scheme by, among others, Sir Andrew Clark, Professor Gairdner, of Glasgow, and Professors Foster and Macalister, of Cambridge. On Saturday last Professor Gairdner showed the interest he takes in the proposal by presenting the prizes and certificates to successful students of the University College already founded in Dundee, and on this occasion he advocated the creation of a medical school in an admirable address on "Medical Teaching." Dundee contains no less than 150,000 inhabitants, and its infirmary is thoroughly well adapted to be the centre of clinical instruction; it has 250 beds, and the outpatients' department is a very large one.

THE annual conversation of the fellows and members of the Royal College of Physicians of London was held on Wednesday evening in the spacious saloons of the College in Pall Mall. The guests, who numbered some five or six hundred, were received in the library by the President, Sir William Jenner, and were then conducted over the various galleries, the walls of which were hung with valuable oil paintings and water-colour drawings by eminent artists. The band of the Royal Artillery, stationed in the hall, played a selection of music from the works of Rossini, Strauss, Sullivan, Mozart, Schubert, Auber, and other eminent composers.

THE seventeenth annual meeting of the St. Peter's Hospital for Stone and Kindred Diseases, was held on Monday, at the Hospital, in Henrietta Street, Covent Garden; Mr. F. A. Bevan, the President, in the chair. The annual report showed that the in-patients during the year numbered 232, being 38 in excess of any previous year, with an average of 13 days' residence in the Hospital. In the out-patient department, there were 3,964 new cases, with a total of 29,089 attendances. The remaining debt on the building fund has been reduced by a considerable sum, and the outlook of the Hospital is very hopeful. In moving the adoption of the report, the President referred to the prevailing depression, which affected all kindred charities; but he was happy to say that, owing to the gratitude of out-patients, who had contributed, the funds of this Institution had not been depreciated. Surgeon-General Mackinnon, O.B., paid a high tribute to the efficiency of the medical staff, and the good work they were doing in the special class of diseases treated at this Hospital—a sentiment that was warmly endorsed by all the governors present.

DR. T. P. HEALOP, of Birmingham, died, near Bræmar, whither he had gone to recruit his health, on the 17th ult., from angina pectoris. Dr. Healop, the son of a Scotch officer, was born in the West Indies in 1823, and spent the early days of his life under the care of his uncle, Dr. Thomas Underhill, of Tipton, Staffordshire. He held successively the appointments of Resident Officer at the Birmingham General Hospital, of Professor of Physiology at Queen's College, of Physician to the Queen's Hospital and General Dispensary, and was among the

most active promoters of the Skin and Lock Hospital. Since the establishment of the Mason Science College, he has been one of the most active members of its Council, and at the time of his death was Bailiff of that institution, and occupied its presidential chair. The library of the College owes to his munificence nearly 12,000 vols., which will always remain as a monument to the zeal and liberality which he brought to bear upon his work. He was, according to his express wish, buried by the side of his mother, at Dublin.

THE sum paid in at the Mansion House on behalf of the Hospital Sunday Fund now amounts to about £30,000. Among the larger collections recently received are the following:—Wimbledon churches, £223 16s. 2d.; All Saints, Paddington, £52 17s. 4d.; Kensington Congregational Church, £68 3s.; Roselyn Hill Unitarian Church, Hampstead, £69; Grosvenor Church, South Audley Street, £107 8s. 8d.; St. Stephen, South Kensington, £179 14s.; St. Mary, Bryanston Square, £118 12s. 6d.; St. Mark, North Audley Street, £220 5s. 2d.; St. Jude, East Brixton, £50; St. John, Paddington, £177 5s.; St. John, Blackheath, and Mission, £58 11s.; St. Mary Abbott's Parish Church, Kensington, £298 18s. 2d.; Christ Church, Kensington, £115 6s. 10d.; St. Paul, Kensington, £70 4s. 9d.; St. Peter, Eaton Square, and Chapel, £464 13s.; Clapham Congregational Church, £63 19s.; St. John's Wood Presbyterian Church, £60; All Saints, Blackheath, £65; St. Mary (Parish Church), and St. John, Putney, £75; Christ Church, Lancaster Gate, £519 8s. 10d.; Stepney Parish Church, £63 6s. 6d.; Emmanuel Church, Maida Hill, £57 17s. 10d.; Brompton Church, £332 9s. 6d.; Chapel Royal, Savoy, £51 2s. 2d.; Camden Church and School, Camberwell, £114 8s. 4d.; St. Giles, Cripplegate, £63 13s. 9d.; St. Matthew, Baywater, £200 6s. 7d.; Quebec Chapel, Marylebone (with additions), £266 7s. 3d.

THE NURSING ARRANGEMENTS AT UNIVERSITY COLLEGE HOSPITAL.

PUBLIC attention has been directed within the last few days to the nursing arrangements at University College Hospital, in connection with which facts of a decidedly unsatisfactory nature have been disclosed, and such as cannot fail to arouse a demand on the part of many subscribers to the charity for a radical reform of what are very properly regarded as grave abuses. It appears from a correspondence, originating in the *Daily News*, that the request of a certain applicant to be received as a probationer at the hospital training school for nurses, was refused by "Cecilia, sister superior,"—by which sonorous title the matron elects to be denominated—for the reason that she was not a member of the Church of England; and, naturally enough, the existence of such a sectarian spirit within the walls of what is a pre-eminently non-sectarian institution, has aroused a very general feeling of indignation amongst those who are interested in the welfare and good repute of

so important a hospital as that which is thus exposed to the dangers of popular resentment against the anachronism of religious tests being applied to those engaged in public duties. What further complicates the matter, and affords a valid argument in favour of drastic reform in this connection, is the fact, vouched for by "A Life Governor," in the *Daily News*, that the "sisterhood" of which "Cecilia" is "superior," receives the handsome subsidy of £2,000 per annum, for performing the nursing duties of the hospital. It is impossible to avoid a feeling of amazement at the audacity of this paid servant, who thus presumes to place obstructions in the way to prevent the institution, which provides her with the means of living, from obtaining the services of nurses in every way competent to fulfil the duties that are required of them.

It must be remembered, also, that this statute of religious disability is formulated and enforced, not by the authorities of the hospital, but by an obscure body of women, whose claim to consideration rests entirely on the position they have acquired through their engagement by the hospital to do certain work in its behalf. They, and they alone, it is, who have ventured to assert so monstrous a prerogative; and unless immediate steps are taken to correct their pretensions, it is certain that the pecuniary straits of University College Hospital will become yet more embarrassing than the Secretary's constant appeals in the columns of the daily papers have long shown them to be.

Fortunately, the time for the distribution of the Hospital Sunday collections is close at hand; and we may rest assured that the Committee of the fund will require ample assurances of the removal of the offending officers, and the rescinding of all restrictions as to the religious convictions of probationers and nurses at University College Hospital, ere it will be permitted to share in the annual contributions, a large proportion of which has been given by Nonconformist congregations. If the moneys collected on Hospital Sunday and Saturday are to be devoted to maintaining sectarian charities, we must expect that nonconforming churches will decline to unite in supporting the movement in the future; they will say, with justice, that institutions over which the Church of England exercises absolute domination should look to members of the Church of England for funds to carry on their labours; and should this decision be once generally acted on, then the yearly collections of Hospital Saturday and Sunday will dwindle to dimensions compared with which the past, even in the least responsive periods, has nothing to show.

We earnestly beseech the authorities of University College Hospital to bestir themselves at once in this crisis; to assert their independence, and to maintain the glorious traditions committed to their keeping, by severing all connection with the "Sisterhood" and its "Superior," and by employing in the wards such women as are fitted for attending to the wants of the sick poor, and whose claim rests on their ability to do so with skill and tenderness, rather than on their association with a narrow-minded clique of prejudice-ridden pretenders.

Examination Questions.

APOTHECARIES' HALL.

The written questions set at the Examination for the Diploma, on Wednesday, June 24th, 1885, were of the following character:—

Medicine.—1. Give the symptoms, prognosis, complications, and treatment of whooping cough. 2. A patient throws up blood from the mouth. How do you distinguish whether the fluid comes from the stomach or from the lungs? What is the appropriate treatment in each case? 3. How do you distinguish an epileptic from an apoplectic fit? 4. Distinguish between biliary and renal calculus; give the symptoms and treatment of each.

Pathology.—What is the difference in the structures between fatty metamorphosis and fatty infiltration?

Midwifery and Diseases of Women and Children.—1. Give the causes, symptoms, and treatment of abortion, and state what consequences may arise from a portion of the placenta remaining in utero. 2. What are the indications for the use of the forceps? Describe the mode of their application. 3. What symptoms in a child a few weeks old should lead you to infer it was suffering from congenital syphilis? and what history would you expect to get from the parents independent of the primary sore? 4. Give the prognosis, symptoms, and treatment of rupture of the uterus occurring during labour.

Therapeutics.—What is the action of the opium and mercurial preparations upon the human economy? In what diseases are they indicated, and contra-indicated?

Medical Jurisprudence and Toxicology.—How are the following poisons extracted from the stomach-contents, and give the tests for their presence, viz., arsenic and corrosive sublimate. 2. How do you detect poisoning by oxalic acid? Give the symptoms and mode of extraction of this acid from organic liquids. 3. How do you distinguish blood stains from rust and from fruit stains?

The Viva Voce Examination on Thursday, June 25th, included questions upon the following:—Pneumonia, pleurisy, typhus and typhoid fevers, hæmaturia, congestion of the spleen, grey tuberculosis of the lung, bacillus, bacteria termo, post mortem ecchymosis, rigor mortis, the perforator, forceps, syphilis, puerperal eclampsia, placenta prævia, mechanism of face presentation, retained placenta, symptoms of anteversion, and retroversion, the various kinds of mole, carbolic acid poisoning, corrosive sublimate, detection in stomach, belladonna, sulphuric acid poisoning, Marsh's test.

Microscope, phosphates, urates, uric acid, white softening of brain.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

A successful candidate sends the following questions, which were given at the oral portion of the Examination on June 12th, 13th, 14th, and 15th.—

Medicine, I.—Urinary deposits—the chemistry, microscopic appearances, signification, and treatment. Causes of hæmaturia, hæmoptysis, hæmatemesia, melæna. What is hæmatinuria? enlargements and contractions of liver? bruit de diable? bruit de pot fêlé?

Clinic.—Diagnose, prognosis, and treat—male, æt. 32, has been a soldier, and has had remittent fever; diagnosed, ascites, large white kidney, enlarged spleen (why?) cirrhosis of liver.

Medicine, II.—Hypertrophy of heart—causes and physical signs. Tabes dorsalis—symptoms and pathology. Multiple sclerosis—symptoms and pathology. Diagnosis between paralysis agitans and multiple sclerosis. Aphasia—usual seat of lesion? Tinea—varieties, and treatment?

Midwifery (2 Examiners).—Direct signs of pregnancy? Diseases of pregnancy? Causes of transverse presentations? Leucorrhœa—varieties? Whence curdled appearance? Cesarean section—describe operation. Prolapsus uteri—causes, how treat? Varieties of polyp? Rules for applying forceps? When give chloroform?

Diseases of Women (2 Examiners).—Uterine displacements and treatment. Inversion—symptoms and treatment. Menor-

rhagia and subinvolution—causes and treatment. What is "uterine lameness?" Vaginitis—causes, symptoms, and treatment. Two prescriptions in full:—(1) for a woman recently delivered—an aperient; (2) a vaginal injection.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations, were admitted Licentiates in Dental Surgery at a meeting of the Board on the 24th inst.:—Messrs. P. C. A. Bardet, Geneva; G. G. Campion, Manchester; W. J. England, Hampstead; F. H. Goffe, Birmingham; A. J. Jones, Maids Vale; G. H. Mugford, Exeter; F. S. Peall, Brixton Rise; A. B. Robinson, Liverpool; C. R. Smith, Leamington; H. L. Williams, Llanberis; W. M. Gabriel, Gloucester Gardens; and A. S. Mackrell, Queen Anne Street, W. Four candidates were referred.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, June 18th, 1885:—John Archibald Cones, M.R.C.S. Eng., St. Bartholomew's Hospital; Reginald Maurice Henry Randell, M.R.C.S. Eng., Guy's Hospital. On the same day, the following gentlemen passed their Examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise:—Frederick St. John Bullen, St. Thomas's Hospital; Sydney Warren, St. Thomas's Hospital.

VACANCIES.—The following vacancies are announced:—Birmingham and Midland Free Hospital for Sick Children. Ophthalmic Surgeon. Applications by July 7th.—City of London Hospital for Diseases of the Chest, Victoria Park, E. Resident Clinical Assistant. Applications to the Secretary, 24, Finsbury Circus, E.C.—Clinical Hospital for Women and Children, Park Place, Manchester. House-Surgeon. Salary, £80. Applications to Mr. Hubert Teague, 38, Barton Arcade, Manchester.—Hants County Asylum. Junior Assistant Medical Officer. Salary, £100 per annum. Applications to the Committee of Visitors, Knowle, Fareham, by July 8th.—Royal Cornwall Infirmary. Honorary Physician. Applications by July 8th.—Salop and Montgomery Counties Lunatic Asylum, Shrewsbury. Junior Assistant Medical Officer. Salary, £100 per annum. Applications by July 8th.—Sussex County Hospital, Brighton. Assistant House-Surgeon. Salary, £40 per annum. Applications by July 15th.—Victoria Dock Dispensary District. Junior Medical Officer. Salary, £120 per annum. Applications to the Secretary.

APPOINTMENTS.—J. Pratt Brooks, M.R.C.S., Resident Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton.—William A. S. Roysds, L.R.C.P., M.R.C.S., L.S.A., Surgeon to the Royal Berkshire Hospital.—E. Vandrey, M.B., Resident Assistant House-Surgeon to the Derbyshire General Infirmary.—J. E. Wolfhagen, M.B., Assistant House-Surgeon to the Royal Albert Hospital, Devonport.

CAMBRIDGE UNIVERSITY.

PASS LIST.—First Examination for the Degree of Bachelor of Medicine.—*Chemistry and Physics*: Cowell, Cropper, Devereux, Dixon, Durham, G. T. Eccles, Fletcher, Gillibrand, Greaves, Hale, Hall, Hartin, Haydon, Knox, S. H. A. Lambert, Latter, Lownds, Martley, J. W. Russell, J. D. Stubbs, Sutton, Waggett, Wait, Wessels, Williams.—*Elementary Biology*: P. P. Alexander, Anderson, Bradford, Callaway, Campbell, Carling, Colbeck, Cottrill, Coulson, Cowell, Cropper, Dixon, F. J. Dixon, Durham, Earl, Edghill, England, Felos, Fletcher, J. C. Gardner, Gillibrand, Gimson, Gott, Grabham, Hale, Hall, J. B. Hall, R. H. Hall, Handson, S. N. Harrison, Houghton, Haydon, Howard, Hubbard, G. M. Jones, Kent, Knox, S. H. A. Lambert, Latter, S. Lewis, Martley, G. Mason, J. C. Matthews, E. J. D. Mitchell, Newman, O'Neill, Pope, L. Roberts, J. W. Russell, Seon, Shaw, Shephard, W. M. Smith, B. V. Sortain, Stabb, Stack, Stokes, J. D. Stubbs, Surridge, Sutton, Waggett, Wait, Waithman, Wessels, Wilks, Williams, Wood.—*Second Examination for the M.B. Degree.*—*Pharmacy and Pharmaceutical Chemistry*: Anderson, Anson, Bromhead, W. G. Clark, W. Clarke, Cobbett, Cockledge,

Colbeck, Copeland, Craddock, Crisp, Cross, Croase, Dickson, W. H. Fox, Francis, Gervis, Greaves, F. P. Haviland, Hill, Jacques, Johnson, Kelsey, Major-Brown, Matthews, Mel-some, Musson, Pearce, Pierson, Rendel, Rouillard, Servaes, Shaw, Smithson, Stokes, Syfret, Troutbeck, Turner, Veale.—*Human Anatomy and Physiology*: Arkwright, Barnett, Blaikie, Browning, H. Cox, Fitzgerald, Goulston, Harrison, E. L. Jones, Kerr, McConkey, A. D. Marshall, Prowse, W. B. Russell, Rutherford, G. R. Saunders, M. H. Spencer. Wilde, Whitby.—*Third Examination for the Degree of Bachelor of Medicine. Part I*: Anderson, Andrews, Brushfield, Burd, Daniels, Emerson, Facey, F. M. Haig, H. E. Harris, H. A. Haviland, H. C. W. Jones, Lynch, Nichol, Nicholls, Niven, P. C. Scott, Smart, Trott, Walsham, Wishaw.—*Third Examination for the Degree of Bachelor of Medicine. Part II*: Anderson, Bull, J. M. Clarke, W. Fowler, Hillier, Reid, S. M. P. Roberts, Stericker, F. C. Wallis.—*Degree of Bachelor of Surgery*: Andrews, Haig, Lynch, Nichol.

Athletics.

UNITED HOSPITALS ATHLETIC SPORTS.

This annual popular contest took place at the Stamford Bridge Grounds, on Thursday, June 26th, when St. Bartholomew's Hospital was successful in carrying off the much-coveted Challenge Shield for the first time since 1873. As usual, there was a large and fashionable gathering, and the greatest interest was manifested in the various events by the partisans of the respective representatives of the competing hospitals. The following are the results:—

100 Yards Challenge Cup.—Final heat: Davies, University, first; Macosvoy, second; Prime, third; Hall, 0. The winner took the lead soon after starting, and won by nearly a couple of yards; one yard between second and third. Time, 10½ sec.

Putting the Shot.—A. B. Sievking, St. Mary's, 35ft. 3in., first; A. Olding, St. Thomas's, 33ft. 4in., second; P. B. Mackay, St. George's, 32ft. 7in., third; E. L. Williams, University, 0; R. F. Walker, St. Thomas's, 0; C. Collier, London, 0; E. J. D. Mitchell, Guy's, 0; E. A. G. Dowling, St. Bartholomew's, 0; C. Sullivan, London, 0.

120 Yards Hurdle Race.—Final heat: Phillips, first; Hinde, second; Waller, third; Fagan, 0. The last-named fell while running second, before reaching the last hurdle, Phillips winning by three yards; one yard between second and third. Time, 18½ sec.

One Mile Challenge Cup.—T. H. Bray, London, first; G. T. Mould, St. George's, second; W. L. Woolcomb, St. Bartholomew's, third. Also started: J. A. M. Ford, St. Thomas's; A. W. Boning, University; H. S. Holman, Guy's; A. E. Mozes, Guy's; J. T. R. Millar, St. Thomas's; C. E. Judge, St. Bartholomew's; W. G. Pridmore, Middlesex. Pridmore led for nearly half the distance, when Mould went to the front, and held premier position till coming up the straight for home, when he was challenged by Broy and Woolcomb, both of whom passed him, the former running strongly to the finish, and won, all out, by six yards from Mould, who had repassed Woolcomb five yards from home, the latter falling just before reaching the tape. Time, 5min. 54-5sec.

Throwing the Hammer.—P. H. Whiston, St. Thomas's, 79ft. 4in., first; H. Grenfell, London, 76ft. 11in., second; E. D. Ritchie, St. Thomas's, 74ft. 11in., third; E. A. G. Dowling, St. Bartholomew's, 0; J. D. Cruickshank, Guy's, 0; C. Collier, London, 0.

Quarter-mile Challenge Cup.—C. M. Hill, St. Bartholomew's, first; G. F. Connolly, London, second; L. Harris-Liston, University, third; J. H. Hughes, St. Bartholomew's, 0; W. Sturges-Jones, Guy's, 0; T. W. F. Gann, Middlesex, 0; H. Rutherford, St. Thomas's, 0. Harris-Liston jumped off with the lead, and kept in front for a third of the distance, when Hill came through, and was never afterwards headed; Connolly taking second place half-way up the straight, finished dozen yards behind the winner; a yard between second and third. Time, 56 4-5 sec.

High Jump.—A. E. Nuttall, St. Bartholomew's, 5ft. 6in., first; R. F. Walker, St. Thomas's, 5ft. 6in., second; W. L. Mathias, St. Thomas's, 0; C. M. Leakey, London, 0; A. W. Boning, University, 0.

Long Jump.—A. J. Prime, Guy's, 20ft., first; C. M. Leakey, London, 19ft. 10in., second; J. Harrison, St. Mary's, 19ft. 7in., third; A. E. Olding, St. Thomas's, 0; C. J. Horner, St. Bartholomew's, 0; W. W. Robinson, Westminster, 0; W. L. Mathias, St. Thomas's, 0; A. W. Boning, University, 0.

Half-mile.—W. R. Duncker, St. Bartholomew's, first; H. E. L. Canney, University, second; J. W. Scott, St. Bartholomew's, third; E. S. Goody, St. Thomas's, 0; G. T. Mould, St. George's, 0; J. Wilson, London, 0; A. J. Harrison, Guy's 0; J. P. A. Geoghegan, St. Thomas's, 0; W. Sturges-Jones, Guy's, 0. Harrison, who took the lead soon after starting, maintained it for about 500 yards, when he gave way to Duncker and Canney in the order named; Mould, who was then fourth, retired. Duncker, holding premier position to the finish, won by about ten yards; rather less dividing second and third. Time 2min. 11½ sec.

220 Yards.—Final Heat: Davies, University, first; Prime, second; Hutt, third; Harris-Liston, 0. Won by three yards; one yard between second and third. Time, 23 sec.

Three Miles.—E. O. Kingdon, St. Mary's, first; P. M. Jones, St. Mary's, second; C. J. Lownds, Westminster, third. Also ran: J. A. M. Ford, St. Thomas's; J. L. Hinde, St. Bartholomew's; A. H. Ogilvie, London; W. J. Middleton, St. Bartholomew's; R. Johnson, University; G. Reed, London; B. Hoombe, University; A. B. Brothwaite, St. Thomas's. Jones out on the running from the commencement, and held the lead, cleverly followed by Kingdon until entering the straight for home in the last lap, when the last-named spurred to, the front, and a magnificent race ended in his favour by a foot; nearly 100 yards separating second and third. Time for each mile:—First—Jones, 5 min. 27 sec.; second—Jones, 11 min. 14 sec.; third—Kingdon, 16 min. 56½ sec.

Strangers' One Mile Handicap.—H. W. Myatt, Croydon F. C., 66 yards start, first; J. W. Marted, Ibis H., scratch, second; J. A. P. Clarke, L.A.C., 12, third. Also ran:—R. G. Bushell, L.A.C., 60; A. R. Birtles, Highgate H., 50; C. Harvey, 130; C. Almond, L.A.C., 70; B. W. Clarke, L.A.C., 65; A. E. Daniell, 70; G. R. Gray, Blackheath H., 95; H. E. Freeman, Highgate H., 8; C. W. Rendall, Clapton B., 100; H. Martineau, University College, 50; J. Cotter, Civil Service, 52. The limit man in the third lap was passed by the Croydon representative, who kept in front the remainder of the distance, and won by about fifteen yards; half-a-yard only dividing second and third, several others finishing close up. Time, 4 min. 40 sec.

300 Yards Consolation Race.—Judd, first; Holman, second. Won by a foot. Seven started. Time, 37 sec.

The prizes were presented to the successful competitors at the conclusion of the sports by Lady Lister. During the afternoon the band of the 15th Hussars played a capital selection of music.

INTER-HOSPITAL BOAT RACE.

This race, the first annual competition for the recently established Inter-Hospital Challenge Cup, was rowed on Friday afternoon, June 26th, from Putney to Hammersmith, and resulted in a win for the London Hospital, after a splendidly contested race. Only three Hospitals entered for the event and it is to be hoped that by next season the apathy which exists at several of the Hospitals with regard to rowing, will have vanished.

A strong north-west wind was blowing, which made the water very rough towards the centre and Surrey stations, especially in the long reach.

The start took place at 1.15, from three boats moored opposite Putney Pier.

St. Bartholomew's Hospital had the Middlesex Station, London the centre, and Middlesex the Surrey. After the word "go" St. Bartholomew's at once led out, followed closely by London, whilst Middlesex, who were in the roughest of the water, fell to the rear. At the beginning of the concrete wall London had drawn level with St. Bartholomew's, Middlesex being 2 lengths astern. At the top of the concrete wall London were leading, but at the Crab Tree St. Bartholomew's again held a slight lead, whilst Middlesex were 2½ lengths in the rear. London quickening, went away from St. Bartholomew's, and Middlesex, also spurring, took second place. Off the soap works London were 2 lengths in advance of Middlesex, who, again quickening, gradually drew up to London, who

however won the race by a third of a length, the finish being most exciting.

From two to three lengths separated the second and third crews.

Mr. E. F. Grin of the London R.O., acted as starter and umpire from the bow of a steamer, which contained supporters from the different hospitals. We are pleased to notify that the course was uninterrupted throughout the race, partly through the courtesy of the London Steamboat Company, one of whose steamers remained above Hammersmith Bridge till the conclusion of the race. The crews were as follows:—

London Hospital. 1. Colours, dark blue and white.

Bow, J. C. Dickinson	-	-	-	10 st.	10 lb.
2. F. Preston	-	-	-	12	12
3. J. J. Dickinson	-	-	-	13	3
St. W. H. Beaumont	-	-	-	11	12
Cox. C. Godfrey	-	-	-	8	2

Middlesex Hospital. 2. Colours, white and black.

Bow, W. K. Sibley	-	-	-	9 st.	9 lb.
2. C. H. White	-	-	-	9	12
3. J. G. Case	-	-	-	10	7
St. T. H. Clarke	-	-	-	11	4
Cox. A. E. Jones	-	-	-	8	1

St. Bartholomew's Hospital, 3. Colours, black and white.

Bow, F. W. Nielson	-	-	-	11 st.	2 lb.
2. T. W. Scott	-	-	-	10	12
3. W. Malden	-	-	-	12	2
St. E. L. Burd	-	-	-	10	10
Cox. A. C. F. Morrell	-	-	-	9	0

Notices of Books.

A GREAT DELUSION.*

The "Great Delusion" which is discussed in this work of some 600 pages, is vaccination, and the author, one soon discovers, is a rank anti-vaccinationist.

He evidently opposes vaccination from conviction, after long and extensive study of the question, and on that account his views should not be peremptorily thrust aside as unworthy of consideration; although we do not agree with all his conclusions, we must admit that he brings forward a vast array of facts and figures, which go to prove that the discovery of vaccination may have been somewhat overrated. We must confess to a certain amount of disappointment that vaccination has not had greater results in the direction of stamping out small-pox. The loathsome disease will persist, in spite of vaccination and re-vaccination, in ravaging the poorer districts of our large cities, and it is enough to make one doubt the efficacy of the Jennerian discovery when we read the weekly returns of small-pox mortality. May it not be that small-pox is one of Nature's ready methods of removing out of the way those whose vital force has been reduced to the lowest possible point by the combined evils of overcrowding, dirt and poverty? Certain it is that the disease follows in the wake of these evils, and the same may be said of cholera, typhus, and other similar malignant types of disease. Given good food, pure air, and perfect sanitary conditions, these diseases are unable to obtain a footing. But vaccination and inoculation are alike powerless to prevent small-pox, cholera, or other similar fatal diseases, operating as the "last straw" in the case of those whose blood is vitiated and bodies are debilitated by dirt and starvation. As regards compulsory vaccination, there is, undoubtedly room for great reform. It is most unjust, and certainly not so safe for the public, that only the parish doctor should be paid by the State for performing vaccination. The parents of children should be allowed to select their own operator, provided that he is a registered practitioner and in all cases should be paid by the State. The family doctor is the proper person to perform the operation, he knows the family history and, as a rule knows if there is any reason why lymph should not be taken from any of his patients. In case of hereditary syphilis the

public vaccinator has frequently no means of ascertaining whether the infant may be selected with safety to furnish a supply of lymph.

Mr. White's "Story of a Great Delusion" is worthy of perusal by everyone interested in the vaccination question.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS, Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. Crosswell Hewitt, London; Mr. F. Anwyl-Butter, Blackpool; Dr. J. Brindley James, London; Mr. Ernest J. Gamgee, Queen's College, Birmingham; Mr. W. Fingland, Liverpool; Mr. Cullworth, Shrewsbury; Mr. W. R. Hope, Devonport; Mr. G. Ainslie, Bristol; Dr. O. E. Armand Semple, London; Mr. T. H. Clarke, Hon. Sec. United Hospitals Athletic Club; Mr. Stelfox, Guy's Hospital, &c.

BOOKS, PAPERS, &c., RECEIVED.—British Medical Journal—Provincial Medical Journal—Medical Press—Medical Times and Gazette—New York Medical Record, &c., &c.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

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Bumstead and Taylor's Venereal Diseases, 4s. 6d. 259

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POWER Elements of Human Physiology, 1st edition, 2s. 6d.; Carpenter's Human Physiology, 8th edition, 17s. 6d. (good as new). 12

WANTED, Playfair's Midwifery, Galabin's Diseases of Women, Fenwick's Medical Diagnosis, Treve's Surgical Anatomy, Southam's Reginal Surgery, late editions. Stelfox, "Guy's."

Answers to numbered Advertisements to be addressed, under cover, care of Baillière, Tindall, and Cox, 20, King William Street, Strand, W.C.

* The Story of a Great Delusion, by William White. London: E. W. Allen, 4, Ave Maria Lane.

MEDICAL DEPARTMENT.

WAR OFFICE,
27th May, 1885.

AN Examination of Candidates for Thirty Commissions in the Medical Staff of Her Majesty's Army will be held at the London University, Burlington Gardens, S.W. (by permission of the Senate) on the 10th August next, and following days, at 10 o'clock a.m.

Application for admission to the Examination should be made in writing, without delay, to the Director General, Medical Department, War Office, London, by whom a revised Schedule, containing further particulars, will be furnished.

(Signed) T. CRAWFORD, M.D., *Director General.*

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DR. J. COLLIS BROWNE'S CHLORODYNE

IMPORTANT CAUTION.

From Lord Chancellor SELBORNE, Vice-Chancellor Sir W. PAGE WOOD, and the LORDS JUSTICES OF APPEAL.

The extraordinary medical reports on the efficacy of Chlorodyne render it of vital importance that the public should obtain the genuine, which bears the words, "**DR. J. COLLIS BROWNE'S CHLORODYNE**" on the Government Stamp.

Vice-Chancellor Sir W. Page Wood stated that Dr. J. COLLIS BROWNE was undoubtedly the inventor of Chlorodyne, that the whole story of the Defendant Freeman was deliberately untrue.

Lord Chancellor Selborne and Lord Justice James stated that the Defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

It was proved in Court, on affidavit by Mrs. Forbes, of Paris, that the testimonial published in the *Times*, November 14th, 1865, speaking of the great efficacy of Chlorodyne in Cholera, referred to Dr. J. COLLIS BROWNE's Chlorodyne, and that she never used any other; and she had written to the Defendant Freeman to that effect, notwithstanding which notice the Defendant publishes the said testimonial as referring to his medicine.

The Editor of the *Medical Times*, in his report on Chlorodyne, January 13th, 1866, gives information that the Chlorodyne referred to was the medicine introduced by a retired Army Medical Officer, which was Dr. J. COLLIS BROWNE; still this is published by the Defendant as testimony to his medicine.

Numerous affidavits from eminent Physicians and others were produced in Court, stating that Dr. J. COLLIS BROWNE was the inventor of Chlorodyne, and that when prescribed they mean no other.

The Defendant himself publishes that his compound is, in effect and composition, quite different to any other preparation; nevertheless, he assumes the name, testimonials, &c., of Chlorodyne.

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Vide above.

Notes by the Way.

THE Lotinga case, which was decided in the Court of Queen's Bench last week, is one of considerable interest and importance to the medical profession. Every newspaper reader is so well acquainted with the particulars of the case, that it is unnecessary for me to enter upon them at any length. It will be sufficient to say that the action was brought by Mrs. Lotinga against the Commercial Union Assurance Company to recover the sum of two thousand pounds, the amount of a policy effected upon the life of her late husband only a few months before his decease, which took place from the effects of swallowing some carbolic acid which had been carelessly left in a wine bottle by his bedside. The Company disputed their liability on two grounds. 1st. That he had made a false statement at the time the policy was granted as to his being of sober and temperate habits, and 2nd, that he committed suicide. The Company brought a vast amount of evidence to show that the deceased had been seen in various public-houses during his lifetime, as it was assumed, engaged in drinking ardent spirits, and some witnesses went so far as to state that they had seen him the worse for drink. The Company also called Dr. Quain, who seemed to considerably amuse the judge and jury by his extraordinary views. For instance, he said that one man might be affected by taking half a pint of wine, whilst another might take sixty glasses of punch and it would not affect him. This opinion, delivered in Dr. Quain's most severely oracular style, evidently considerably tickled Mr. Justice Hawkins, for later on, when Dr. Frederick Roberts was examined on behalf of Mrs. Lotinga, and was learnedly describing the pathological effects of whisky, the judge interposed the query, "What do you say to sixty tumblers of punch a day?" Dr. Roberts: "I should say he was an intemperate man," to which Mr. Justice Hawkins responded, by way of excuse for asking such an absurd question, "Because we have been told a man might be intemperate on a pint, and temperate on 60 tumblers a day." One cannot blame the learned judge for enjoying a little fun at Dr. Quain's expense, the only thing to regret is that physicians of eminence are not more cautious, so as to avoid laying themselves open to such attacks.

THAT Mrs. Lotinga gained the verdict is very satisfactory, from a public point of view. Insurance companies are far too fond of trying to evade their liabilities, if they see the least loophole to aid their lack-lustre propensities. And there are always plenty of witnesses ready to come forward to assist in preventing the company from being wronged. Let a man be seen at a bar now and then, sipping a glass of lemonade with a dash of bitter or other similarly potent beverage, and, in the opinion of many people, honest and just (according to their own estimate) he would be condemned as a confirmed and irreclaimable drunkard. If any parties are to blame in the matter, it is the officers of the insurance company themselves. Had Lotinga been such an habitual

drinker as their witnesses swore he was, the agents and doctor ought to have been able to discover some suspicious circumstance which would have opened their eyes. But no; he was passed and accepted without a murmur, and it was not until after his untimely decease that there was a suggestion of deception.

LAWYERS will have to look to their laurels, or they will find themselves relegated to back seats. At the first trial, Mrs. Lotinga employs the best legal advice, and the jury are unable to agree to a verdict. At the next trial, poverty compels her to conduct her own case, against the most eminent counsel, and she wins in a canter. This is settling the question as to the fitness of women to enter the profession of law in the most practical and conclusive manner. Bravo, Mrs. Lotinga! Ditto, Mrs. Weldon. In medicine, on the other hand, women are nowhere. As I said some years ago—long before they were admitted to the profession—much to their annoyance, women are *not* fitted for the practice of medicine. They pass examinations easily enough, and then they collapse. As an opposition to the sterner sex, in regard to practice, they count for nothing. Men don't want them, and women won't have them; and so they are left to eat the Dead Sea fruit, which they would persist in striving after, in opposition to the advice of their best friends, who knew their capabilities better than they knew themselves. I make free to say that I know a general practitioner whose annual income exceeds that of all the women now on the *Medical Register*. So much for women and the practice of medicine.

THE attempt of Mr. Ernest Hart to get into Parliament by the aid of Radical votes is fast landing him into difficulties. The London Rad. will not countenance a man who will not go the "whole hog," so Mr. Hart finds that he must swallow the whole programme, or give place to a more pliable rival. As Editor of the *British Medical Journal*, Mr. Hart upholds the Contagious Diseases Acts, but he has rather astonished the medical world by promising the Mile Enders, for whose representation he is the accepted Radical candidate, that he will vote for the unconditional repeal of the Contagious Diseases Acts. Come! this won't do, Mr. Hart. You are entering upon a slippery path, and you will find you must slide much further yet to please the East End Radical. You will have to promise to vote for the repeal of the Compulsory Vaccination Act, and for the total suppression of Vivisection, before gaining the entire confidence of the Radical party; and then, do you think you will be able to pose as one of the leaders of the medical profession? My impression is that you will find yourself in the happy position of being "between the devil and the deep sea," and will not have the courage to face either.

PERHAPS Mr. Hart thinks the profession will be benefited by the repeal of the Contagious Diseases Acts. Undoubtedly it would do so. The more disease is propagated, and the more virulent the type, the better for doctors. Of late years venerable

diseases have toned down wonderfully. They are not nearly as virulent as formerly; indeed, one rarely sees a case of sloughing phagedæna of the genitals, which were common enough in the olden time before "State regulation of vice" was adopted.

THE number of medical men who will seek Parliamentary honours at the next general election will be unprecedentedly large. In addition to those previously announced, Mr. John Eric Erichsen, Professor of Surgery at University, and Sir William Gayer Hunter, M.D., retired Surgeon-General of the Indian Medical Service, have been invited to offer themselves, the former to contest the St. Andrew's and Edinburgh Universities in the Liberal interest, and the latter, Central Hackney, as a Conservative. If only one half of the medical men who are candidates are successful, we shall no longer have cause to complain that the profession is not adequately represented in Parliament.

It is very satisfactory to see that the friends of rowing have at length been able to offer a Challenge Cup to be rowed for by crews representing the Metropolitan hospitals. Only three hospitals were represented at the contest which took place last week, viz., the London, Middlesex, and St. Bartholomew's, but one must not despise the day of small things, and we may hope that next year Guy's and St. Thomas's, at least, will be able to send a crew to compete for the trophy. Boating is an expensive amusement, and it is not every student who can command the needful to maintain a place in a boat's crew. In a matter like this the medical staff should subscribe liberally. I hear that at the London Hospital the staff part readily and handsomely, and the result is a good crew and a good win. This is as it should be. A hospital physician or surgeon who will not support the students' games and pastimes should subside into a quiet country practice, where students cease from troubling.

PERIPATETICUS.

Original Papers.

A SHORT DESCRIPTION OF DISEASES OF ARTERIES, TOGETHER WITH THE CHIEF POINTS ABOUT ANEURISMS.

By A MEMBER OF THE COLLEGE OF SURGEONS.

Fatty Degeneration—May be primary or secondary.

(a) Primary. Met with most frequently in the larger arteries, and chiefly in aorta. It causes small yellow raised patches bulging into lumen of vessel.

(b) Secondary. A sequel of chronic inflammation, e.g., atheroma, &c.; the cells exuded, having undergone fatty changes.

Acute Endarteritis—Is of doubtful occurrence, described as affecting large arteries (aorta). Inner coat of vessel presents an irregular greyish semitranslucent appearance, with spots of yellow from fatty degeneration.

Chronic Endarteritis or "Atheroma."—Atheroma is not a disease, *per se*, but simply the result of chronic inflammation and degeneration of inflammatory products.

The process starts in the deeper layers of intima; through the microscope groups of cells may be seen, derived from

- (a) Proliferation of pre-existing cells.
- (b) Exudation of leucocytes; these, together with the inflammatory exudation, cause a bulging into interior of vessel.

Results.—(1). Resolution may occur, absorption of effusion together with cells.

(2). Organisation into fibrous tissue, takes place pretty often.

(3). Fatty degeneration of the exudation may take place, then called, an "atheromatous abscess," which consists of a collection of fat cells, cholesterol crystals, granular debris, and broken-down leucocytes; when the endothelium or intima has broken down, abscess opens into lumen of vessel, forming the atheromatous ulcer.

(4). Lime salts may be deposited in the atheromatous patch, roughening the interior of vessel, thus predisposing to coagulation, or the calcareous plates (irregular, square, and angular), may break off, leading to extensive thrombosis and embolism.

Arteritis Deformans.—The result of extensive degenerative changes in old people, arteries are elongated, inelastic, canalized and brittle from combined fatty and calcareous degeneration and atheroma.

Arterio-Capillary Fibrosis.—Extensive fibroid degeneration and thickening of coats of smaller arteries and capillaries. Muscular coat is hypertrophied, intima swollen and thickened, arises in connection with sclerosis of kidney and syphilis. It causes hypertrophy of left ventricle, and more directly, canalisation of the vessels, with the accompanying dangers of this condition.

Syphilis.—Causes degeneration and atheroma by impairing nutrition.

Syphilitic Arteritis.—Commences in intima, whole thickness of wall is converted into a glassy, homogeneous, waxy looking substance. There is exudation of fluid into the perivascular sheath. It causes obstruction of vessel by thickening from within, and pressure from without. Thrombosis and aneurisms may result.

Chronic Alcoholism and Rheumatism, are predisposing if not exciting causes of atheroma.

Periarteritis, result of syphilis, periphlebitis, inflammation spreading from other coats or from neighbouring parts. Occurs chiefly in cerebral vessels, characterised by copious effusion into perivascular sheath, leads to thrombosis and cerebral softening.

ANEURISMS

Are traumatic and spontaneous or pathological.

Traumatic may be

- (1) Diffused (2) Circumscribed (3) Arterio-venous.

Diffuse traumatic aneurism, result of wound of an artery, usually by puncture when blood is poured out too quickly to permit of tissues becoming consolidated by inflammation. Blood is rapidly poured out, making its way in the direction of least resistance, *e.g.*, along the planes of the intermuscular cellular tissue. Treatments available are ligature of both ends of wounded artery, after turning out clots and amputation.

Circumscribed traumatic aneurism.—The sac is variously constituted; it may be formed in any of the following ways.

- By (1). Thinned cicatrix from former wound of artery gradually stretched and expanded by force of blood stream.
(2). Internal coat of an artery, or internal and middle, may protrude through a wound in external; these are usually styled hernial aneurisms.
(3). External coat alone, middle and internal having ruptured, "probably by bruising against a subjacent bone."
(4). Surrounding tissues consolidated and matted together, the result of inflammation caused by slow effusion of blood.

Arterio-Venous aneurisms.—Result of simultaneous wound of an artery and vein lying close together, may occur anywhere these conditions exist; most frequently from venesection at elbow "median basilic or bicipital vein," or in stabs in the groin, where both femoral vessels are wounded.

There are two varieties.

- (a) *Aneurismal Varix*.—When vessels closely adjoin, and arterial stream passes directly through wounds of walls into the vein, dilating, pouching, and communicating forcible pulsation to it.
(b) *Varicose Aneurism*.—This is the name given to the condition when an artery and vein having been wounded, both open into a common sac. This may be the result either of stretching of lymph between the vessels, or from consolidation of tissues around, when the vessels are a short distance apart, and the blood from each finds its way to the same place.

(To be continued.)

STATISTICS OF THE MANCHESTER SMALL-POX EPIDEMIC.

At the monthly meeting of the Manchester Royal Infirmary Board, Mr. O'Hanlon submitted the following returns with regard to the now decaying epidemic of small-pox. Results of completed cases up to June 23rd:—

UNVACCINATED.

Ages of Patients.	Recovered.	Died.	Total.
Under 1 year	0	6	6
1 year to 5 years	5	2	7
5 years to 10 years	7	2	9
10 " 20 "	5	4	9
20 " 30 "	2	4	6
30 " 40 "	1	3	4
40 " 50 "	0	3	3
	20	24	44

Mortality, 54.4 per cent. One case died of disease existing prior to the attack of small-pox, after recovering from the latter.

VACCINATED.

Ages of Patients.	Recovered.	Died.	Total.
Under 1 year	2	0	2
1 year to 5 years	6	0	6
5 years to 10 years	13	0	13
10 " 20 "	93	0	93
20 " 30 "	87	3	90
30 " 40 "	32	3	35
40 " 50 "	12	2	14
50 and over	3	1	4
	248	9	257

Mortality, 3.5 per cent. Three cases died of pre-existing disease, after recovering from small-pox.

UNVACCINATED AND VACCINATED COMBINED.

Unvaccinated: Recovered, 20; died, 24—total, 44.

Vaccinated: Recovered, 268; died, 33—total, 301.

In reply to a question, Mr. O'Hanlon said there had been a considerable diminution in the number of small-pox cases in Manchester, from which it was fair to infer that the epidemic was passing away. The returns for January showed 2 cases; February, 4; March, 63; April, 114; May, 95; and in June (up to the 27th), 41. The total mortality was 54 per cent., as compared with 86 per cent. during the last epidemic, 10 years ago.

In answer to a question, whether inquiries had been made to ascertain the facts as to those patients alleged to be unvaccinated, Mr. O'Hanlon replied that some of the patients were asked whether they had been vaccinated, and they replied in the affirmative; but the return was taken in this way. Those who showed vaccination scars were considered vaccinated, and those who showed no marks were taken as unvaccinated. With regard to the nurses and servants in the hospital, the rule was that all should be vaccinated or re-vaccinated. One had been vaccinated in February last, but the operation was unsuccessful. She was again vaccinated, and this time successfully, but the operation was not performed in time to prevent her contracting the disease, though it had modified the attack, and she recovered. In the last epidemic, all but one of the nurses and servants were vaccinated. One of these had the small-pox, but she took it in a mild form, and recovered. None of the other servants took the disease.

THE CHOLERA IN SPAIN.—The official cholera bulletin issued on Wednesday, shows that there were 1,109 fresh cases, and 628 deaths, in Spain on Tuesday last—being a decrease of 588 cases and 169 deaths, as compared with the previous day's return.

Medical News.

UNIVERSITY OF DUBLIN.

At the Summer Commencements in Trinity Term, held on Thursday, June 25th, in the Examination Hall of Trinity College, the following Licences in Surgery and Degrees in Medicine and Surgery were conferred by the University Council, in the presence of the Senate:—*Licentiate in Surgery*: D. Conway. *Bachelors in Surgery*: W. A. Ardagh, J. T. Houghler-Hayes, A. J. Boyd, J. M. Day, R. L. S. Donaldson, E. J. Farmer, O. Garner, E. Hogben, R. K. Johnston, R. J. Montgomery, W. P. Morgan, A. S. Patton, W. C. Poole, G. T. Revington, J. J. Russell, A. E. Switzer, T. Du B. Whaité, J. D. Wynne.—*Bachelors in Medicine*: W. A. Ardagh, J. T. Houghler-Hayes, F. A. G. Davis, J. M. Day, A. E. Dixon, W. N. Dobbin, R. L. S. Donaldson, W. I. Donaldson, A. Hindlater, O. Garner, E. W. Gray, H. J. Hadden, E. Hogben, W. Lamb, W. P. Morgan, E. G. Nowell, A. S. Patton, W. C. Poole, G. T. Revington, J. J. Russell, W. B. Stokes, A. E. Switzer, T. Du B. Whaité, J. D. Wynne.—*Doctors in Medicine*: G. A. Goodman, T. Harrison, W. F. Law, J. F. Pollock, J. E. B. Purdon, R. W. O. Taylor.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, June 25th, 1885:—Paronag-Jean Baronoff, 46, Guildford Street, Russell Square; William Grimshaw Bigger, M.R.C.S., Ilkivey, Londonderry; Proctor Selby Hutchinson, M.R.C.S., 16, Cavendish Square, W. On the same day, the following gentleman passed his Examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise:—Vincent John Rigg, White House, Filongley, Coventry.

VOLUNTEER SURGEONS' ANNUAL DINNER.—This Annual gathering at the Freemason's Tavern passed off satisfactorily, as many as fifty sitting down to dine. The Right Honorable the Earl of Wemyss and March occupied the chair. There were present: to represent the Army, Sir Joseph Fayrer, K. C.S.I., Surgeon-General Don, Surgeon-Major Evatt, and the officers in command of the Medical Staff Corps at Aldershot. Most of the prominent men in the Volunteer Medical Service were present, who with speeches and songs, managed to pass a pleasant evening. The Earl of Wemyss devoted himself in his speeches to urge the Volunteer Surgeons to organise their department. He said that the Volunteer Branch of the service was deficient in organization to such an extent as to render the force almost useless, and he begged the Surgeons, now present before him, to organise themselves into a workable machine, and to remove by their exertions, one at least, of the wants which beset the usefulness of that enormous force. Earl Wemyss believes in the Volunteer Army, which, as Lord Elcho, he did so much to organise, as firmly as ever; and expressed himself, if possible, still more willing to work for the service, which as everyone knows, he has been mainly instrumental in organising and maintaining.—Before the dinner the annual meeting of the Volunteer Medical Association was held, Surgeon-Major Evatt in the chair. Mr. Cantlie, the Hon. Sec. to the Association, mentioned amongst other important works done by this Association, that the latest undertaking, to form a dining club for Volunteer Surgeons, was likely to prove eminently successful. It was resolved that the dinner be held annually on the 1st Wednesday of the Wimbledon Meeting. It was resolved at the meeting, that the members of the Volunteer Medical Staff Corps, have the privilege of joining in the festival.

VACANCIES.—East London Hospital for Children and Dispensary for Women, Shadwell, E. Assistant-Physician. Applications by July 30th.—London Temperance Hospital. Assistant House-Surgeon. Applications to the Honorary Secretary, Temperance Hospital, Hampstead Road, N.W.—Manchester Royal Infirmary Dispensary and Lunatic Asylum. Honorary Obstetric Physician. Applications to the Chairman of the Board by July 18th.—Royal Cornwall Infirmary. House-Surgeon. Salary, £150 per annum. Applications by July 18th.—St. Thomas's Hospital. School Demonstrator of Physiology and Practical Physiology. Applications to Mr. G. Rendle.—Sussex County Hospital, Brighton. Assistant. House-Surgeon. Salary, £40 per annum. Applications by

July 15th.—Western General Dispensary, Marylebone Road. Junior House-Surgeon. Salary, £63 per annum. Applications by July 11th.

APPOINTMENTS.—H. Bramwell, M.B., House-Surgeon to the Newcastle-on-Tyne Infirmary, *vice* I. Waldy, M.R.C.S. Eng., L.R.C.P. Lond., who has been promoted to the office of House-Physician.—E. M. Garstang, M.R.C.S. Eng., L.R.C.P. Ed., Honorary Surgeon to the Bolton Infirmary and Dispensary.—Edgar Thurston, L.R.C.P. Lond., L.S.A., Superintendent of the Presidential Museum, Madras.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, JULY 11, 1885.

EDITORIAL AND PERSONAL.

WHAT has hitherto been generally known as the National Hospital for the Paralysed and Epileptic was, on Saturday last, re-introduced to a philanthropic public under the sounding title of the Albany Memorial Hospital, and the Prince of Wales assumed the pleasing office of effecting the transformation. To be sufficiently worthy of the high distinction thus conferred upon it, the institution in question has undergone much enlargement, and a degree of internal improvement commensurate with its prospective importance as a reminder of the late Duke of Albany. In the way of money, the Committee appear to have been unusually successful, only £700 remaining to be paid to clear off the building account, while the alterations have cost no less than £80,000. On the furnishing account, about £3,000 still remains to be collected; and, in order to reduce these amounts, the Princess of Wales graciously acted as a money box at the close of the opening ceremony, and received purses of gold from all and any who chose to offer their subscriptions in this fashion. The Hospital consists of three blocks—the East block, the Princess Christian block, and the West block, which was on Saturday opened by his Royal Highness the Prince of Wales, and to which has been given the name of Duke of Albany Memorial. This block, which faces on Queen Square, is a handsome structure of red brick, and terra-cotta has been largely used in forming the architectural features of the design. The building has cost, inclusive of the purchase of the site, not less than £80,000, but this sum has been carefully and wisely spent, and the supporters of the charity may be said to have got very good value for their money. The Hospital is eminently cheerful. From every ward three or four

large windows have an outlook on to waving trees and green grass. The trees are, indeed, but those of the square gardens, but this circumstance does not detract from the pleasant effect of their view to the eyes of the sick. Each ward has a day-room for the use of the more or less convalescent patients, and these day-rooms are made very bright and cheerful, as, indeed, are the wards themselves, the walls being tinted of a colour pleasing to the eye. The building is warmed throughout by a low-pressure steam service, and a system of radiation. But in every room is an open fireplace, prettily framed in terra-cotta. The ventilation system appears to be all that could be desired. The Galton ventilating grate has been adopted for the wards, and Tobin's tubes and fresh-air inlets are used throughout, while, by means of extraction-shafts, the vitiated air is drawn off and discharged from the open ventilating turrets in the roof. Each ward—and in the whole Hospital there are nine large wards and several small ones—is complete in itself and apart from the others, and consists of day-room, dormitory, ward-kitchen, bath-room, lavatory, and offices. It has also a service lift communicating with the general kitchen. The large wards will contain from 15 to 17 beds, the small wards from two to four beds each. There is a ward for children, containing 22 cots. The hospital will give accommodation to 160 patients, or if the Finchley Convalescent Home attached to it be included, to 180 patients. Of these, over 100 will be free, about 50 beds being set apart for those able to pay the sum of one guinea per week.

The fourth annual volume of abstracts of some of the medical and surgical cases treated at the General Hospital for Sick Children, Pendlebury, Manchester, has just been issued. The work is edited by Dr. Ashby, Dr. Hutton, and Mr. G. A. Wright, F.R.C.S. It states that the hospital contains room for 168 beds. At the present time 140 beds only are available, including 28 for fever patients. During the year 1884, 1,180 new patients were admitted to the hospital, there being in the hospital on the 1st January, 1884, 121, making the total number under treatment 1,301; of this number there were recovered and relieved 1,050; unrelieved, 45; died, 102; remaining on January 1st, 1885, 104. The 1,197 patients discharged spent on an average 35 days in the hospital, at the cost per day of 3s. and per head of £5 4s. 10½d. The average number of beds occupied daily was 114.8. At the Dispensary in Gartside Street, during 1884, 8,918 new patients were admitted. Of this number 1,083 were sent to the hospital, 838 were made home patients, and 226 died. There were 53,336 attendances at the dispensary, and 3,024 home visits. The mortality, exclusive of those admitted to hospital, was 2.8 per cent. The cost of each out-patient was 1s. 7½d. The circumstances of each out-patient living within the Manchester and Salford District, were inquired into by an agent of the Manchester District Provident Society.

The result of the election of three fellows of the Royal College of Surgeons of England to fill

vacancies in the Council, and which took place on the 2nd inst., is a great triumph for the reform party, both the nominees of the Association of Fellows having been returned, viz., Messrs. Macnamara, of Westminster Hospital, and Mr. Oliver Pemberton, of Birmingham. The third place is occupied by Mr. Savory, of St. Bartholomew's Hospital, who owes his election to the magnanimous action of the Association of Fellows in abstaining from directly advising his rejection, and to the fact that two gentlemen only were specially named as representatives of the Association. Mr. Savory is notoriously opposed, tooth and nail, to any changes in the constitution of the Council, and is really the backbone of the obstructive policy, which is fast hurrying the Council to its overthrow. In one way, it is satisfactory that he was permitted to remain in his place to carry on this war against progress, inasmuch as such action will serve as a constant proof of the need for drastic measures; but on the other hand, if the Association had shown a little less courtesy, and treated Mr. Savory in the way he was accustomed to treat candidates during his fourteen years' career as an examiner, he would have ceased to be a stumbling block in the way of reform. However, he has been allowed to remain in office, and we trust the favour shown to him may effectually change his attitude towards what are, after all, only reasonable proposals.

We understand that a sum of over £3,000 was realised by the bazaar recently held at Cannon Street Hotel, and opened by the Princess of Wales, on behalf of the North-Eastern Hospital for Children, Hackney Road. The Committee are making strenuous efforts to wipe off the remainder of the debt (about £1,200) by the end of the year.

A curious fraud is reported to have been perpetrated near Buxton. One William Mellor became ill, and was attended by a medical man. On recovery, he shaved his beard, and otherwise altered his appearance, presented himself as the brother of the sick man, to the doctor, and announced the death of the patient. Acting on this information, the doctor gave a certificate, which enabled Mr. Mellor to register his own death, and draw his burial money from a benefit society. He then made off, and has perhaps gone to die in some other part of the country in a manner equally advantageous to himself.

In the *Almwick Herald* there recently appeared a report of a case, which deserves to be recorded. A boy fell ill. The doctor was called in. Treatment no avail until an emetic was administered. Then lo! a full-grown newt (locally termed an ask) was vomited. Boy rapidly and completely recovers.

DR. JAEGER, whose name is well-known in connection with a patented system of woollen clothing, appears to turn his philanthropy to good account. It is stated that the royalties he received last year from manufacturers who work his system, exceeded £10,000.

SIR HENRY ROSCOE, it is said, has accepted an invitation to stand as a Liberal candidate for one of the divisions of Manchester.

The twentieth annual meeting of the Liebig's Extract of Meat Company, Limited, was held on the 4th inst., when it was announced that the profits of the year amounted to £97,068 8s. 3d., placing to reserve £20,000, and carrying forward over £7,000. The shareholders are to receive in the year 6½ per cent. dividend, and a bonus of 6¼ per cent., both free of income-tax.

MUCH to the astonishment of orthodox London, the hitherto respectable *Pall Mall Gazette* appeared last Monday under circumstances that serve to make it a worthy competitor with *Town Talk* for the pennies of those who delight in literature of the most pronouncedly disgusting type. On the date named the *Pall Mall* contained as its *piece de resistance* the first of a series of articles descriptive of what the writer regards as existing in London in connection with the traffic in young girls. The subject is treated in a manner that is certainly realistic, but at the same time it embodies an offence against public decency which no excuse can justify. The consequence to the paper will, of course, be its utter ruin, unless it remains to be a member of the "filthy" contingent, and it is not improbable that the shocked sense of the public will be vindicated by prosecution and punishment of the parties guilty of so unblushing a disregard of all morality as is shown by open issue of the article in question. Messrs. Smith and Co. have raised a fitting protest against the paper by declining to sell it at their numerous stalls.

University, College, and Hospital Intelligence.

CHARING CROSS HOSPITAL.

PRIZE DISTRIBUTION.—The annual distribution of prizes to the students of Charing Cross Hospital Medical School took place on the 3rd inst., Sir Richard Temple, G.C.S.I., being in the chair. Among the students who had specially distinguished themselves may be noted Mr. W. J. Colborne, who gained the Llewellyn Scholarship (certificate and £25), the Governors' Clinical Gold Medal, the Pereira Prize, and no less than three other prizes and certificates; Mr. R. E. Faschnat, the Golding Scholarship (certificate and £15). Silver medals were awarded to Messrs. Arnim, Clarke, Richard, Duncan, Faschnat, Nokes, Sexton, Richards, Carter, and Peall. Before awarding the Llewellyn Scholarship, Dr. Bruce Drew (Dean of the Hospital) referred in a short speech to former holders of this honour, mentioning the name of Surgeon P. B. Conolly, of the A.M.D., who died at Korti, on the Nile, as having, ten years ago, gained the Llewellyn Scholarship, which had been founded to commemorate a deed of gallantry by Mr. Llewellyn during the American war. Sir Richard Temple afterwards addressed the students in a very able speech, and the proceedings were brought to a close by a vote of thanks to him for presiding, proposed by Sir Joseph Fayer.

UNIVERSITY OF EDINBURGH.

FINAL EXAMINATION IN MEDICINE.—Dr. Bristowe, Mr. Holden, and Dr. George Kidd, of Dublin, have just visited Edinburgh as Commissioners from the General Medical Council, to inquire into the system of teaching and examina-

tion in the medical schools. They had an opportunity of being present at the final examination for Graduates in Medicine. It is announced that the following gentlemen have passed:—Messrs. Arthur Russell Aldridge, Robert Thomas Allen, James Anderson, John A. Ashcroft, John Mackintosh Balfour (with distinction), Robert Beveridge, John Wilson Black, Robert Bone, George Lindsey Bonnar, Louis Jules Henry Bouchet, Edward Kemp Bourns, Reginald Bowman, Herbert Brooks, Harbit Brown, Walter Burns, William Johnstone Cameron, Edward Chamberlayne, Clifton Charleton (with distinction), Reginald Chetham-Strode, Richard Davidson, M.A., David Middleton Grieg, Joseph Griffiths, Samuel Hughes, George Francis Johnstone, John Charles Lamont (with distinction), Edward Leonard Lees, William Robert McKinnell, Charles Henderson Melville, Edwin Moreton, Edward Joseph B. du Moulin (with distinction), Ernest Robertson, Herbert Sheldermine, William Henry George Stephen, Caleb Terrey, William James Thomas, Henry Alexis Thomson, John Warneoch, Fitzgerald George Westema, Henry Woreley.

Examination Questions.

OXFORD UNIVERSITY.

SECOND EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.—JUNE, 1886.

Materia Medica and Pharmacology.—1. Enumerate all the preparations of the British Pharmacopoeia which contain subchloride, and perchloride of mercury, respectively. In each case give the proportion contained and the quantity to be employed. 2. Give the botanical and geographical sources of ipecacuanha, rhubarb, and cascarrilla. What are the most important pharmacopoeial preparations derived from them, their composition and their doses? 3. Discuss the physiological and therapeutical action and uses of arsenic. Give the precise composition and doses of the pharmacopoeial preparations of it. 4. Enumerate the chief purgative salts of potassium and sodium, with their composition. Give the purgative dose of each. 5. State what drugs are believed to be of service by augmenting or diminishing arterial tension. 6. What are the physiological effects of Belladonna on the iris, the blood-vessels, and the muscular coat of the intestine? 7. Name three of the drugs on the table—and write an account of any specially distinctive characters they may have.

Pathology.—1. On what conditions may anasarca of the feet and legs depend? State the rationale of the dropsy in each case. 2. Define amyloid, or waxy degeneration. State the symptoms, the organs most commonly affected, their appearance, microscopical and chemical characters; and discuss the causes of this condition. 3. What causes may lead to coagulation of blood within the living body? How can you distinguish between clots formed before and after death? What secondary consequences may follow from the obstruction of veins and arteries, respectively, by clots? 4. Describe and compare the symptoms and physical signs of acute bronchitis and of acute croupous pneumonia. State the general principles of treatment in each affection. 5. What pathological conditions are usually associated with choked disc, with optic neuritis, with atrophy of the optic nerve? Describe the pathological anatomy of the parts of the brain or spinal cord involved. 6. Describe the chief morbid conditions which may affect the mitral valve of the heart, their causes, the signs and symptoms during life, the appearances after death. 7. State clearly the clinical distinctions between typhoid (enteric) fever, typhus and relapsing fever, including evidence derived from an examination of the blood.

Therapeutics.—1. Given a case of cystitis (without calculus). State the general treatment if such a case, with a list of the repurative agents that may be used, and their doses. 2. Mention the best treatment for writer's cramp; for hysterical contractures; for polio-myelitis acuta, both in childhood and adult age; for the wrist-drop in lead poisoning; for the *main-en-griffe* of progressive muscular atrophy. How far is galvanism useful in any of these forms; and how should it be used? 3. How would you treat acute diphtheria and diphtheritic paralysis? 4. Upon what conditions may hemorrhages from the bowels depend? How can you distinguish these?

How treat them respectively? 5. What drugs are most useful in the treatment of valvular disease of the heart? Explain and discriminate their action, pointing out for which class of cases each is most suitable. 6. Describe the treatment which you would prescribe in different cases of acute or chronic diarrhoea, according to the causes and symptoms; and in acute or chronic dysentery. 7. What regimen, drugs, or outward applications, would you prescribe in cases of acute and chronic eczema respectively, occurring in children?

Forensic Medicine and Hygiene.—1. What is the legal definition of an insane person (when accused of crime)? Does this definition accord with medical experience? 2. State the best methods for discovering whether a person has died from the effects of (1) prussic acid, (2) arsenic, (3) opium, (4) strychnia. 3. In the case of incised wounds found on a dead body, what considerations would guide you in determining whether the wounds were made during life or after death, and whether they were self-inflicted or not? 4. In the case of a dead body found in the water, how would you decide whether death had been caused by drowning? 5. How would you act as Medical Officer of Health, if cholera attacked your district? 6. In the case of the main sewers of a city being left without ventilation, how would you prevent sewer gas from entering dwelling houses? 7. What evidence can you adduce of the evil effects of long continued use of opium and of tobacco?

Midwifery, with Diseases of Women and New-born Children.—1. Enumerate and give the differential diagnosis of the various discharges which may escape from the vagina of a pregnant woman. 2. Give the diagnosis, dangers, and treatment of a case of foetal hydrocephalus. 3. Describe and explain minutely the passage of the head through the strait in a slightly contracted pelvis of the simply flat variety. On what would you found the diagnosis of such a pelvis? 4. Give the diagnosis, pathology, and treatment of the various tumours of the external genital organs. 5. The cervix uteri is pushed forward against the back of the upper part of the symphysis pubis by a round swelling which fills the hollow of the sacrum. What might the condition be, and on what would you found your differential diagnosis in each case? 6. You are asked to choose a wet-nurse for a child ten days old. Write full notes of your examination in the case of a nurse whom you decide on recommending, and short notes in the case of others whom you decide not to recommend. 7. What is the nature and usual course of spina bifida? To what points would you attend in dissecting a case which had ended fatally?

Principles of Surgery.—1. What do you understand by the term "surgical kidney"? Describe the chief changes, both naked-eye and minute, which we meet with in such kidneys. 2. Enumerate the chief ulcers met with in the tongue. Give briefly their distinguishing features and their treatment. 3. What directions would you give when consulted in the case of the following:—(1) An infant of 14 months with well-marked rickets? (2) A patient, set. 61, subject to "attacks of piles"? (3) A young man in whom you find evidence of oxaluria? 4. Enumerate the different causes of retention of urine in men, with their diagnosis and treatment. 5. The following patients come before you in out-patient practice with enlarged cervical glands, of the kind usually termed strumous:—In (1) The enlargement is of three months duration, chronic and painless. In (2) The glands are tender, with fluctuation at one or two spots. In (3) Two sinuses exist, and the enlarged glands have suppurated three months previously. How do you treat these cases respectively? 6. Write a short account of the changes due to syphilis which are met with in the eye. 7. What are the most likely complications in—(1) A case of fractured ribs? (2) A punctured wound of the knee joint. (3) A case of removal of the breast for cancer? Give your treatment.

Practical Hygiene.—1 (1-5). Report on the condition of the Yard called Shephard's Row in St. Aldate's. 2 (6-10). Describe in detail and criticise the Accident Ward of the Radcliffe Infirmary. Draw up your paper in the form of a report to the Committee of Management. 3 (11-15). Enquire of the Borough Engineer as to the mode of disposal of street and other refuse. Examine one of the deposits thereof. Examine and describe the mode of flushing and of ventilating the sewers in the Park Road. Draw in section the arrangements you describe, and write an account on your return of the usual modes of sewer ventilation in houses, and of their dangers.

Notices of Books.

LANDOIS AND STIRLING'S PHYSIOLOGY.*

With commendable promptitude, the second volume of Professor Stirling's English edition of Landois Classic Text-book of Human Physiology has followed close on the issue of Vol. I. We would now reiterate all that was said in commendation of the work when reviewing the first part of it, there being even greater evidence in that now before us of the invaluable nature of its contents to medical men in practice. In this volume special physiology is dealt with, and one naturally turns to the chapters on sense organs to gain an immediate impression of the character of its contents. It will be found that the most complete accounts are given of every recent advance in our knowledge of this important subject, the general physiology of the nervous system, and of the special senses being described with true scientific exactitude, but at the same time with a direct practical application of principles to the needs of medical readers that cannot fail to attract them to the pages in question. The theory of Hering in explanation of the sensation of light is employed (p. 1016) to account for the phenomena of colour blindness, and a noteworthy section on the practical importance of the defect follows the account given of it. The chapter on hearing is unusually full and complete, and if carefully read will be found to lend considerable assistance towards a better understanding of obscure morbid conditions of the auditory apparatus. The manner in which the subject of reproduction and development are treated also, is likely to give a good deal of satisfaction to those who advance their own interests by accepting the book as a guide in physiological studies.

The dimensions of the book, extending in the two volumes to over 1,160 pages, exclusive of index, may possibly deter some from reading it at first; but if there should be any so influenced by its size, they will need only to carry their investigations slightly beyond the covers to be converted to an enthusiastic admiration for what is unquestionably the most admirable exposition of the relations of human physiology to practical medicine that has ever been laid before English readers. As we have already said, it is *par excellence* the physicians' physiology; and we can wish no greater benefit to the profession in its entirety than that the joint work of Drs. Landois and Stirling may henceforth become the familiar guide of students, and of all practitioners of medicine; and more especially of those who seek to maintain the pre-eminence of British Science by constantly improving themselves into a living knowledge of the advances made in the branches they themselves have cultivated, and are utilising, for the good of mankind.

Correspondence.

THE USE OF BELLADONNA IN OPIUM POISONING.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—It may seem ungracious to comment on lectures or papers appearing in your columns, and what is said may have special reference to the examination table; but after all, a medical man's work in life commences after that has been left behind. In the series of papers entitled "Essentials of Toxicology" (HOSPITAL GAZETTE, July 4th, p. 210), to my profound surprise, I find cold water—and very icy cold water, too—thrown upon the utility of belladonna in opium poisoning. One had begun to think that the value of belladonna in opium poisoning was an established and accepted fact.

But on looking the matter up, I find to my further surprise, that Dr. Semple is in harmony with the only work on medical

* A Text Book of Human Physiology, including Histology and Microscopical Anatomy, with special reference to the requirements of Practical Medicine, by Dr. L. Landois. Translated from the 4th German edition, with additions, by William Stirling, M.D., Sc. D., Regius Professor of Physiology in Aberdeen University. Vol. II. London: Charles Griffin and Company.

jurisprudence in my possession at present. Still further, Pereira is on his side. But more modern works on Therapeutics certainly speak of the utility of belladonna; and from personal experience, I can tell that it is of the greatest service. It is all very well to empty the stomach and get rid of any opium in that viscous; or to precipitate the active principles by tannin as nutgalls. But how about that that is absorbed, and which is paralysing the centres for the circulation and the respiration? What are we to do with that; is it *une quantité négligeable*? Have not recent experiences, as well as experiments, told us that to get at these centres by the roundabout plan of shaking, rousing, inflicting pain—by appealing to the sensorium—is clumsy as compared to that of their direct stimulation. Since the middle ages, the antagonism of belladonna and opium has been recognised. Dr. Johnson, of Shanghai, has seen a great deal of the use of belladonna in opium poisoning among the Chinese, and its good effects. In current medical literature, within the last ten years, a good deal has appeared as to the use of subcutaneous injections of atropine in opium poisoning. But it seems that the fact has not worked itself into Toxicology. My old logic teacher used to talk of a thing "being true in science and false in religion." So it would seem that the antagonism of belladonna and opium is true in practice and false in Toxicology. Having personally seen the good effects of atropine when opium had nearly arrested the circulation and the respiration, I must demur to the statement—"As regards the employment of belladonna preparations as antidotal to opium, it has been stated that these are worse than useless, as the presence of both poisons increases the effect of either." This may be true at the examination table, but it is false in practice. Further, if a medical man failed to employ belladonna in a case of opium poisoning he ought to be censured by the coroner; and still more be prosecuted for malpraxis by the representatives of the poisoned person. And some such prosecution is certain to come off before long. The preparation for the examination table is not always the preparation for actual practice; and here is a marked case in point. Dr. Semple's teaching is in harmony with text books, and doubtless "he says what he ought to say;" but all the same there is the potential case of opium poisoning before each reader, and the life of a fellow creature at stake! Is that patient to be allowed to die out of deference to the examination table, with its antiquated views; or to be saved by acquaintance with modern practice?

I remain, &c.,

MODERN VIEW.

London, July 6th, 1885.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

FOSTER'S Clinical Medicine, 3s. 6d., published at 10s. 6d. A24
 NOBBS on the Physiology and Pathology of the Blood, 2s. 6d.;
 HEARY SMITH'S Surgery of the Rectum, Fifth Edition, 2s. 6d.;
 BUMSTEAD and TAYLOR'S Venereal Diseases, 4s. 6d. 559
 BRODTHURST on Curvature and Disease of the Spine, Third Edition; Heather Biggs' Manual of Orthopraxy, and Warrington Howard's Treatise on Orthopaedic Surgery; all good as new; the lot, 5s. 260
 HAMMOCK'S Anatomy and Surgery of the Human Foot, 3s.;
 DUNCAN'S Diseases of Women, 4s. 6d. 613
 ARTHUR'S Outlines of Medicine, 6s. 6d.; Charteris' Medicine, 2s. 3d.; Holmes' Surgery, 9s.; Swayne's Obstetric Aphorisms, 2s. Tabor, 23, Huntley Street, W.C.

Answers to numbered Advertisements to be addressed, under cover, care of Baillière, Tindall, and Cox, 20, King William Street, Strand, W.C.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

NEW LOCAL SECRETARIES.—Mr. G. F. Rogers has been appointed Local Secretary for Cambridge University. Mr. Ernest J. Gamgee, has been appointed Local Secretary for the General Hospital, Birmingham.

ST. BART'S STUDENT.—Many thanks for copies of examination questions.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. G. M. Dartnell, Liverpool; Dr. Cresswell Hewitt, London; Mr. J. Rogers, Cambridge University; Mr. James D. Staple, South Devon and East Cornwall Hospital, Plymouth; Mr. H. J. Byrne, Liverpool; Mr. Garrett, London; Mr. Lowes, London, &c., &c.; Mr. Fingland, Liverpool; Mr. Jas. Cantlie, F.R.C.S., Charing Cross Hospital.

BOOKS, PAPERS, &c., RECEIVED.—British Medical Journal—Medical Review and Circular—Medical Times and Gazette—New York Medical Record—Canada Medical and Surgical Journal—Canada Lancet Homœopathic Review, &c., &c.

OPERATION DAYS AT THE HOSPITALS.

MONDAY - - St. Bartholomew's, 1.30 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Hospital for Women, 2 p.m.

TUESDAY - - St. Bartholomew's, 1.30 p.m.—Guy's, 1.30 Westminister, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—West London, 3 p.m.—St. Thomas's (Ophthalmic Department), 4 p.m.—Cancer Hospital, Brompton, 3 p.m.

WEDNESDAY - St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—Middlesex, 1 p.m.—University College, 2 p.m.—London, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Great Northern Central, 2 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's, 1.30 p.m.

THURSDAY - - St. George's, 1 p.m.—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—Chelsea Hospital for Women, 2 p.m.

FRIDAY - - King's College, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Royal London Ophthalmic, 11 a.m.—Guy's, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.—East London Hospital for Children, 2 p.m.—Manchester Infirmary, 11 a.m.

SATURDAY - St. Bartholomew's, 1.30 p.m.—King's College, 1 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's, 1.30 p.m.—Royal Free, 9 a.m. and 2 p.m.—London, 2 p.m.—Manchester Infirmary, 11 a.m.

Local Secretaries.

St. Bartholomew's ..	..	Mr. W. McLEAN.
Charing Cross ..	..	Mr. F. A. SAW.
Dental ..	..	Mr. R. WYNNE BOW.
St. George's Hospital ..	..	VACANT.
Guy's Hospital ..	..	Mr. A. R. F. EVERSHED.
King's College Hospital ..	..	VACANT.
London Hospital ..	..	VACANT.
St. Mary's Hospital ..	..	VACANT.
Middlesex Hospital ..	..	Mr. W. E. NEWBY.
St. Thomas's Hospital ..	..	Mr. S. A. M. COPEMAN.
University College Hospital ..	..	Mr. HOWARD D. BASS.
Westminster Hospital ..	..	Mr. JAMES D. STAPLE.
Leeds School of Medicine ..	..	Mr. R. COURTEN.
Bristol School of Medicine ..	..	Mr. J. T. HARTLEY.
Liverpool ..	..	Mr. FRANK W. BARTON.
Victoria University, Manchester ..	..	Mr. J. J. BYRNE.
Birmingham Queen's College	Mr. W. FINGLAND.
General Hospital	Mr. A. F. KEYWORTH.
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Edinburgh University	Mr. ERNEST GAMGEE.
School of Medicine	Mr. N. RAW.
Royal Infirmary	Mr. D. R. DOBIE.
Aberdeen University ..	..	Mr. DONALD KNIGHT.
Glasgow University ..	..	Mr. G. MACDONALD.
Anderson's College ..	..	Mr. JOHN TURNER.
Royal Infirmary ..	..	Mr. KENNETH C. MACKENZIE.
Dublin ..	..	Mr. J. C. HOLDERNESS.
College of Surgeons ..	..	VACANT.
Medical School ..	..	Mr. F. BLAKE CAMPBELL.
Ledwich School of Medicine ..	..	Mr. T. LEDLIE.
Cork, Queen's College ..	..	Mr. D. P. KENNA.
Belfast ..	..	Mr. J. A. MURRAY.
Galway ..	..	Mr. FRANK TWEDDIE.
	..	Mr. THOMAS HENNING.

* * Additional Local Secretaries are wanted.

MEDICAL DEPARTMENT:

WAR OFFICE,

27th May, 1885.

AN Examination of Candidates for Thirty Commissions in the Medical Staff of Her Majesty's Army will be held at the London University, Burlington Gardens, S.W. (by permission of the Senate) on the 10th August next, and following days, at 10 o'clock a.m.

Application for admission to the Examination should be made in writing, without delay, to the Director General, Medical Department, War Office, London, by whom a revised Schedule, containing further particulars, will be furnished.

(Signed) T. CRAWFORD, M.D., *Director General.*

ESTABLISHED 1861.

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Notes by the Way.

It is most satisfactory to find that the Council of the Royal College of Surgeons of England have, after a considerable amount of pressure from the members, decided to take some action with a view to put a stop to the scandalous method of advertising now so largely practised by many medical practitioners. At the last meeting of the Council the name of Mr. Thomas Clarkson, of Darley, Ripley, was struck off the roll of the College because he declined to discontinue advertising a sovereign remedy, which he professes to have discovered. Mr. Clarkson, in a letter to the Council, stated that he considered it rather arbitrary that the Council should require him to discontinue the issue of his advertisements, after his having explained the nature of his remedy; and that, having paid for advertising to the end of the year, he could only promise to seriously consider the question when that time arrived. This bold language by no means improved Mr. Clarkson's position, as the Council at once passed a resolution to the effect that the advertisements issued by him were prejudicial to the interest, and derogatory to the honour of the College, and disgraceful to the profession of surgery; and that, in consequence of the issue thereof by him, and his refusal to discontinue them, he be removed from being a member of the College.

THE College has also taken another advertising doctor in hand, to wit, Mr. Edwin William Alabone, of Highbury, London, who professes to have made a great discovery for the cure of consumption. In reply to a communication from the Council, Mr. Alabone denied that he had ever made any secret of his "original discovery for the cure of consumption," and, in reference to a passage in his work, complained of by the Council, said he had no idea that it constituted an offence against the bye-laws; expressed his deep regret at having published it, and intimated his willingness to withdraw it. At their last meeting, the Council accepted Mr. Alabone's explanation of the circumstances under which the objectionable passage was published, and, in consideration of the deep regret expressed by him at having offended against the bye-laws, decided not to take any further action against him at present, on condition that he at once withdraws from circulation all the copies of his work which contain the objectionable passage, and that he submits to the Council, for inspection, any new edition which he intends to publish. Mr. Alabone may think himself favoured to have been let off so easily, and I only hope that he will take the lesson he has been taught to heart, and carry on his practice more in harmony with the traditions of the profession.

DR. FERRAN's discovery of inoculation as a preservative against cholera appears to be regarded as a failure, and the most the Medical Commission, appointed by the Spanish Government to investigate the process, can say in its favour is that the operation is harmless. The Medical Commission sent to Spain by the French Government to report upon the

discovery, returned to France in disgust on finding that Dr. Ferran refused to make known his method of preparing the fluid, the inoculation of which, he claims, preserves from cholera. In this inoculation process, the doctor seems to have an eye to business, for in a communication to a French Minister of Trade he says, "All the fame in the world would not preserve my children from poverty if death should overtake me." But neither the French nor the Spanish Government will vote Dr. Ferran a substantial reward until the value of his discovery has been demonstrated after strict scientific investigation. Meantime the doctor is taking care of himself by charging from four to ten shillings per inoculation, and as he inoculates something like 500 persons a day he may be said to be doing good business.

In an article on Dr. Ferran's operation, the editor of the *Medical Times* speaks of it as vaccination, and refers to those operated upon as "vaccinated and re-vaccinated subjects." Surely this is mixing up likes and unlikes in a way that can only cause a more extended confusion of ideas.

In the Divorce Court, last week, Mrs. Adelaide Lynch succeeded in obtaining a divorce from her husband, Dr. Gilbert Lynch, of Vauxhall Bridge Road. The petitioner stated that she was married to Dr. Lynch in the Knaresborough district in 1873, and that there had been eleven children of the marriage, of whom eight were still alive. Not content with such a prolific wife, Dr. Lynch, according to the evidence, had intimate relations with other females, especially with a Madame Hillier, in whose company he spent a great deal of his time.

THE extraordinary case of *De Bhabha v. Munro*, which was tried in the High Court of Justice, before Mr. Baron Pollock and a special jury, will, doubtless, be fresh in the memory of the readers of the *GAZETTE*. Mr. De Bhabha sued the defendant for arrears of salary as assistant, which the defendant resisted on the ground of alleged immorality, for which he said he had discharged him. In support of his case, the defendant produced letters of the plaintiff confessing immorality with a young woman in the house, and with two other young women; while the case for the plaintiff was, that the defendant had extorted the letter, and that in truth he himself had seduced the first-mentioned girl, and he produced the other two young women, who entirely denied, as the plaintiff himself denied, the alleged immorality. Although the girl first referred to supported the defendant's case, his wife was called as a witness for the plaintiff, and it appeared that she had asked her husband why, if the girl had been seduced by his assistant, he should keep her in the house; but he still kept her there, and attended her in her confinement. Letters of the defendant were also put in. On the whole of the evidence, after a trial which lasted six days, the jury found for the plaintiff. Last week, Dr. Munro applied for a new trial, on the ground that the verdict was against the weight of evidence, and on the ground of surprise;

but the Court came to the conclusion that they ought not to disturb the verdict on either ground—a decision which will give satisfaction to most persons, as the public will now be spared a repetition of the repulsive evidence given at the former trial.

I REGRET to notice the death of the well-known grinder, Mr. George W. Hind, F.R.C.S., in his eighty-fourth year, who probably prepared during his long and successful career, more students for medical examinations than any other coach of this century. To pay a visit to his class room and see him drill those who were preparing for the "Primary College," was a most interesting sight, and one likely to make a lasting impression. He was a clever draughtsman, and illustrated every point on the black-board as he went on. On my first visit to the room I found about twenty students who were working for the "primary exam.," for the most part "chronics" of the various London medical schools. Some of them had been "plucked" six or seven times, and yet were confident that they would get through at their next attempt. Several years have passed since then, and most of the "chronics" of that class are now, more or less, successful practitioners, thanks to the clever coaching they received at the hands of Mr. Hind. On the day I refer to, several members of the class made their first appearance after having been "plucked," and as usual they related their experiences of the examination and the examiners. Loud indeed were the students in their denunciations of that "b—y S—" who appeared to have had a hand in the examination and plucking of nearly all the unfortunates. What I heard of the dreaded examiner filled me with terror, and when, later on, I had to face him at the "College" the sensations which passed through my organism cannot well be described, but will be readily imagined by those who have passed through the ordeal. Although professing familiarity with the late Mr. Hind and his classes, I ought to say that I have no claim to the honour of having been one of his pupils.

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(Continued from page 171.)

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Post Mortem Appearances.—General venous congestion; usually more or less engorgement of the brain and its membranes, the lungs and the liver. More or less blood, usually fluid, and dark, is contained in the right cavities of the heart. Finally, there are in general indications of gastro intestinal irritation.

Quantity required to Destroy Life.—60 grains of the root, 4 grains of the alcoholic extract, and one ounce of the tincture have caused death. Bad symptoms have arisen from the mere inhalation of the aconite dust, whilst powdering the root.

Period at which Death takes Place.—Symptoms may appear in a few minutes, to one or two hours. Death generally occurs within 3 or 4 hours; one case has been delayed for 20 hours, and another took place in 20 minutes.

Mode of Extraction from the Stomach.—Search should be made carefully for parts of the plant, for the purpose of identification.

The contents of the stomach and intestines should be placed in a clean, wide-mouthed bottle, and when made acid by a few drops of acetic or hydrochloric acid, heated with a considerable amount of alcohol, and set aside for some hours in a warm place. The materials should then be filtered through thick blotting paper, and the filtrate treated with excess of subacetate of lead, and the precipitate again filtered; through the clear filtrate sulphuretted hydrogen, should be passed in order to get rid of the lead as sulphide. The clear filtrate should be evaporated to dryness, and the residue dissolved in a few drops of water, acidulated with acetic acid. This alcoholic extract should be supersaturated with bicarbonate of potash, and the alkaloid (aconitina) extracted either by ether, or chloroform.

The extract should be tested as to its power of producing numbness and tingling, by rubbing a small portion with the finger on the gums and lips. If this fails, it is doubtful whether any further attempts will be of any use. The presence or absence of aconite, must be judged more by the physiological action and symptoms, than by chemical tests.

Tests for Aconitina.—**1. The physiological action.**

- (a) Rubbed inside the gums, the sense of tingling and numbness.
- (b) Given to small animals, causing staggering, weakness, laborious breathing and convulsive twitchings, and diminution of common sensation, (small pins being stuck into a dog under the influence of the poison causing no pain).
- (c) Iodine or iodide of potassium, gives both with the alkaloid and its salts, a reddish brown amorphous precipitate.

(To be continued.)

NOTES ON PATHOLOGY.

By CRESSWELL HEWETT, M.A., M.D., M.R.C.S.E., late Surgeon Army Med. Dept. and R.N., and Royal Hospitals, Netley, Winchester and Halifax, and Surgeon to H.R.H. the Duke of Connaught.

(Continued from page 204.)

ACARI.**I.—Sarcoptes.**

The sarcopt of the disease called *itch* (*sarcoptes scabiei*) belongs to the family of *sarcoptides*, which is a part of the genera *tyroglyphus*, *porioptes*, *chorioptes*. The characters of this family are the following:—

Postrotrums with unarmed jaws, joined to the lips and tongue, forming a sort of spout on which two mandibles furnished with two hooks slide. Legs with six articulations. No eyes or visible respiratory apparatus. Oviparous. Larvæ hexapode.

There are several varieties of the *sarcoptes scabiei*, the smallest of which is the most common, if not the only one affecting man. The females are larger than the male. The two anterior pairs of legs are provided with terminal suckers, the remainder, in the female, with hairs, in the male the last pair have suckers. The young acarus has only three pairs of legs, the fourth

Fig. X.—Female *Acarus Scabiei*, Ventral Surface. a. Egg.

pair is acquired after shedding the skin. The female burrows under the cuticle where she lays her eggs. The young, when hatched, escape, but the parent dies

and remains behind; the presence of this parasite cause the disease named *itch*, characterised by inflammation and secondary eruptions, prurigo, ecthyma, eczema and impetigo.

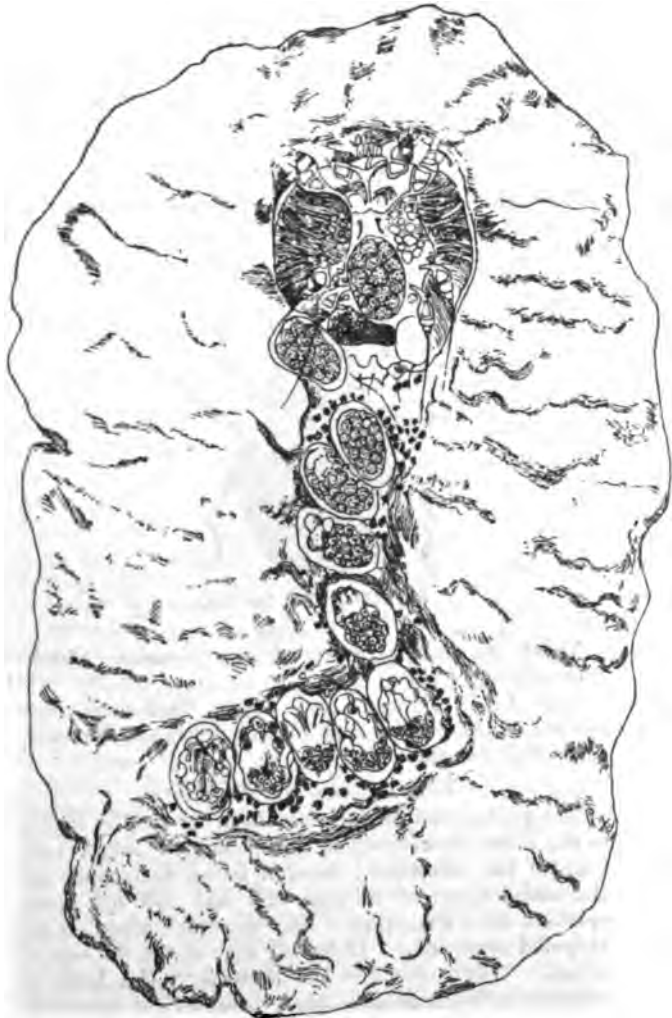
Fig. XI.—A Canal of a female *Acarus Scabiei*. The parent is situated at the extremity, leaving behind her a train of ova in various stages of development. 670.

Fig. XII.—Tarantulus.

II.—Tarantulus.

These ground spiders, which are common during the summer in Italy, cause by their bite an erythematous eruption, symptoms of nervous and physical prostration, which may end in death.

III.—Demodex Folliculorum.

The demodex folliculorum inhabits the sebaceous glands; the part which has been attributed to it in

the production of acne is questioned, as it is frequently found in healthy follicles. Its body is vermiform, the head joined to the thorax, the abdomen elongated and crenulated; the head is furnished with three laterally articulated palpi, and with stylets.

IV.—*Tyroglyphes*.

This parasite has been found in the pus of a case of otitis. It is an acarion about 45 mm., in length, and furnished with two enormous palpi bearing two hooks.

V.—*Carapatos*.

The carapatos or garapates of Brazil resemble the preceding to a great extent.

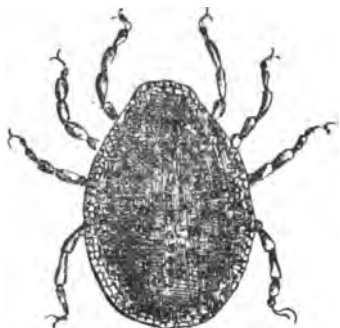


Fig XIII. a. Persius. *70.

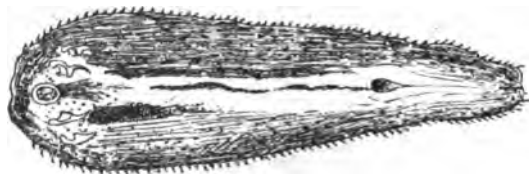
VI.—*Argas*.

There are two varieties of this parasite, which generally affect sheep.

The *Argas Persius* and *Argas Tholozanii*, are natives of the tropics, and closely resemble the ticks that affect our sheep.

VII.—*Pentastoma Dentata*.

The pentastoma dentata has been frequently found in the liver, occasionally in the spleen, the lungs, and walls of the intestines; Landon found some once in the nasal fossæ of a man who had suffered from epistaxis for a long time; they were contained in an encysted condition. The cysts were about the size of a pea. They resemble the *dermodex*; the body is vermiform, larger in front than behind; the mouth is furnished with two hooks.



(To be continued.)

University, College, and Hospital Intelligence.

MIDDLESEX HOSPITAL.

ROWING CLUB.—This Club brought off their Club fours on Wednesday, July 8th. The course was from Chiswick Church to Hammersmith Bridge. First heat:—1, Charlesworth; 2, Gilpin; 3, F. C. Brodie; stroke, M. Roberts; cox, Drury, 1st. 1, Spurgeon; 2, E. E. Kershaw; 3, J. D. Cree; stroke, W. K. Sibley; cox, A. E. Jones. Sibley led for about

half way, and the two crews rowed level until near the finish, when Roberts went to the front and won by a length. Second heat:—1, Nicholls; 2, Gann; 3, C. E. Thomas; stroke, T. N. Clarke; cox, Jones, 1st. 1, Morris; 2, Shepherd; 3, P. S. Harris; stroke, C. H. White; cox, A. E. Jones. White led a little at first, but Clarke went to the front and won by three-quarters of a length. Final heat:—T. H. Clarke's crew, 1. M. Robert's crew, 0. Clarke's crew were quickest away, and won by about three lengths.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, JULY 18, 1885.

EDITORIAL AND PERSONAL.

A MONUMENT of polished red granite, in the form of an obelisk, has been placed over the remains of the late Dr. Crichton, in Walton Cemetery, with the following inscription:—"In affectionate remembrance of Duncan Crichton, M.D., who died December 18th, 1884, aged 43 years. This memorial has been erected by his friends and patients in testimony of his singular devotion to an arduous profession, his solicitude for the relief of the suffering, and his kindness of manner to all who knew him." On the right-hand side are the words, "Multis ille bonis flebilis occidit" (Horace); and, on the left-hand side, "Non ut diu vivamus curandum est sed ut satis" (Seneca).

At the last monthly meeting of the General Committee of the Birmingham General Dispensary, it was resolved: "That the General Committee join with the Medical Committee in recording their sincere regret for the loss sustained by the town and the medical profession of Birmingham by the death of Dr. T. P. Heslop, who for many years was a much valued honorary officer of this charity."

It is now definitely settled that Professor Leyden will succeed the late Professor Frerichs as Director of the first University Klinik, Berlin, and that Prof. Gerhardt, of Würzburg, will succeed to the post thus rendered vacant by Leyden's transference. The two kliniks will, however, for the future, be placed on an equality in every respect, and will no longer be known as the first and second klinik, but by the names of their respective Directors.

On Tuesday, July 7th, a death occurred at the London Hospital during the administration of ether. The deceased was a woman, about forty years of age, who had been for some time under treatment, having been originally admitted with fracture of the

right tibia, and also of the sternum. The latter injury became compound, and later on pyæmic changes took place, large collections being formed in the knee-joint and pelvis. Soon after being placed on the operating table, and when less than half an ounce of ether had been administered, respiration suddenly ceased, and though immediate and vigorous attempts to restore breathing by artificial means were resorted to, recovery did not take place, the patient never once rallying from the fatal syncope.

Very diverse opinions have been current in literary and professional circles for some time past on the subject of the new Pharmacopœia. At the final meeting of the General Medical Council in May last it was mentioned that copies would shortly be in the hands of each member for final suggestion and revision; and it was imagined by some that each of the twenty-four members might be anxious to introduce his own particular crotchets, or endeavour to "improve" the work of the Pharmacopœia Committee to such an extent as to delay the publication indefinitely. Fortunately these predictions have not been verified. Having appointed a highly competent tribunal, with such a master-hand as Dr. Quain as chairman, the Council as a body were wisely content to leave the work as the Committee had presented it, and at the meeting of the Executive on Friday last it was decided to go to press with it at once, the first edition being fixed at 20,000, and the price six shillings per copy. We are in a position to state that the entire work has been thoroughly revised and brought up to date, all the new remedies of proved value have been incorporated, and that it will be larger by about one hundred pages than the previous edition.

UNLICENSED DESCRIPTION.

In a series of articles, fortunately unparalleled for obscenity in the history of modern literature, the *Pall Mall Gazette* last week described a long succession of scenes which the public is asked to believe are commonly to be witnessed in London, and the chief actors in which are dissolute men actuated by unnatural passions, and children just legally entitled to give consent to their own ruin. We do not propose to follow our contemporary into the scenes he depicts; but in this place we raise a special protest against the irremediable injury done to the moral nature of the country by the publication of the filthiest obscenity under the pretence of arousing public attention to the existence of a wrong. That immorality is present, nay, is everywhere in London, cannot be denied; even that young girls are often, with and without consent, seduced by libertines, we do not hesitate to believe; but we do emphatically declare that, in order to remedy the evil thus created, it was wholly unnecessary to flood the country with whole columns of the most sickening and realistic language of obscenity that even a convicted felon could imagine. The *Pall Mall* disclaims all questionable motives for its offence against decency, and excuses itself on the ground that its only aim is the pure one of protecting the innocent and ignorant victims of lust. To this we reply, by

asking if, this being so, and the sole end in view being gained, it was still with a pure motive that the columns of nastiness were reprinted in pamphlet form, and sold wholesale in the streets? For it was after the announcement that Mr. Morley and his committee had agreed to the investigation of the "Commissioners' report, that the republication took place; and when it was notorious that the passing of the Criminal Law Amendment Bill, was practically assured.

The Editor of the *Pall Mall* points for justification to numerous letters received from persons professing to thank him for his "noble" undertaking. The great majority of these notes of approval bear on the face of them proofs of credulity; and so far as we have seen no single member of the medical profession has been bamboozled into agreeing with the arrant nonsense written by the "Commissioner." When describing the effect of the injury done to the children, indeed, the facts supplied, so far as this side of the question is concerned, are only of a kind to excite a smile on the part of practical surgeons, and especially among those whose experience lies among hospital out-patients. The descriptions are ludicrous, and being secondhand they show clearly how easily misled also in other matters the Commissioners may have been.

As to the *bona fides* of the report, of course the truth will never be known. The farce of the so-called enquiry before the Archbishop of Canterbury, Mr. Morley, and others, is nothing less than an insult to common sense. How, under the conditions as to secrecy and silence imposed, can the members of this court of enquiry verify the statements made to them? How assure themselves of the honesty of the witnesses produced to them: or how protect themselves against intentional fraud or deceit? We do not say these things are to be feared; but we do say that any enquiry, by whomsoever conducted, under such absurd restrictions and precautions can have no weight in influencing public opinion as to the truth of the disclosures; while no association of names with the filth that disfigured the pages of the *Pall Mall* last week, no matter how high, or pure or celebrated the bearers of the names may be, will rescue the paper from the depth of degradation to which it has been self-consigned.

NOTES ON HIP DISEASE.

BY A STUDENT.

The disease commonly known and referred to as hip disease, or morbus coxæ, is simply the well-known "Strumous Arthritis," pulpy degeneration, or white swelling so common in the knee. Its characters are, of course, modified by its situation.

The disease starts in the synovial membrane (never in the ligaments). It has been stated to originate occasionally in the ligamentum teres, but it has been shown that in these cases the starting point was always surrounding the ligament.

The synovial membrane is at first somewhat swollen, of a glistening pink colour, but this soon passes into a dull cedematous and thickened stage; the endothelium is shed, the intercellular areolar

tissue melts and softens, and the cells proliferate. These changes continue until the whole synovial membrane is converted into a pink, gelatinous vascular granulation tissue. This growth fills all the interstices of the joint.

The cartilages in the meantime are degenerating, the hyaline intercellular substance becomes fibrillated, and undergoes mucoid softening. The primary cartilage capsules enlarge in the proliferation of fresh cells. The secondary cells multiply and discharge into the joint.

The inflammation spreads to the bones; the surface layer is softened by rarefying osteitis; the deeper layers, subject to less intense inflammation, are thickened and rendered denser by sclerosing osteitis.

In the meantime, the capsular and other ligaments have been softened, and the pus which has now distended the capsules, makes its way through the joint and soft tissues to the surface, usually present in the groin.

Symptoms.—There is pain in the affected joint; it may be in the hip itself, or it may be referred, by the anterural and obturator nerves, to the knee. Tenderness to pressure on the trochanter, and in front of the joint, and when the cartilaginous degeneration has exposed the bone, there will be the well-known "starting pains at night." The disease is divided into three stages by the different sets of physical signs and attitudes of the limb that show themselves as the disease progresses.

First Stage.—Abduction, eversion, rotation outwards, and flexion. The above phenomena are caused by the hydrostatic pressure of effusion into the joint.

- (a) The pelvis is tilted down on the affected side, in order to bring the foot to the ground, producing apparent lengthening.
- (b) There is lordosis of the dorso lumbar column in order to counteract flexion at the hip.

Second Stage—

- (a) Adduction inversion with greater flexion. The greater flexion is caused by reflex irritation of adductors, and by the pus in the joint being more irritable than the effusion of the first stage.
- (b) There is tilting up of the pelvis on the same side as the disease to bring the foot to the ground, producing apparent shortening.

Third Stage—

This is the stage of real shortening, from sinking of the head of the femur (absorption of the head), absorption and caries of head and neck, ankylosis usually following.

The main indications in the treatment are—rest in bed, relieving the pain, and placing the limb in such position as will insure a useful limb when bony union has taken place.

These are best accomplished by Marsh's method, which consists of extension regulated to the position of the limb.

The extension is provided by means of a pulley and weight, passing over a movable stand at the foot of the bed. The pulley may be regulated to the required elevation by pegs in the stand. The patient being placed on a hard mattress, and the

leg bandaged with some soft flannel, a peroneal band may be put on to counteract extension. In order to ascertain that there is no tilting of the pelvis, the best way is to draw two lines in ink, the one from the tip of the ensiform cartilage to the symphysis pubis, and the other between the superior iliac spina. A glance will show if these two lines cross one another at right angles.

Extension must be applied in the place the limb assumes when the tilting of the pelvis and spinal lordosis have been carefully corrected.

"NEPTUNE."

Medical News.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, July 2nd, 1885:—James Harry Ernest Brock, M.R.C.S., 30, Bartholomew Road, N.W.; Thomas Rushbrook, M.R.C.S., 22, Rutland Street, Hampstead Road, N.W.; Samuel Gordon Smith, M.R.C.S., 76, Barnsbury Road, N.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Board of Examiners on the 10th inst., and when eligible will be admitted to the pass examination:—Messrs. E. Evans, student at St. Bartholomew's Hospital; W. Vost and D. T. MacLeod, Glasgow; E. A. Clarke, C. Pearce, and G. B. Howe, Manchester; G. I. Lough, E. S. Lower, H. P. Sloggett, and J. Murray, Dublin; T. S. Dennison and C. W. Smeeton, Leeds School of Medicine; F. J. Fletcher, Birmingham; J. Mitchell, Liverpool; and Z. Ward, Bristol School of Medicine. Passed in Anatomy only—A. E. Vaughan, Manchester; C. H. Stevens, University College; M. H. Hannigan, Dublin; R. S. M. Groves, Birmingham; and G. B. Proctor, Liverpool; Passed in Physiology only—A. G. N. Goldney, Charing-cross Hospital; and I. C. McLearn and H. Woods, Dublin.

VACANCIES.—The following vacancies are announced:—Belgrave Hospital for Children, 79, Gloucester Street, Warwick Square, S.W. House-Surgeon. Applications by July 20th.—Bristol Dispensary. Two Medical Practitioners. Applications to Mr. E. Stock, 57, Queen Square, Bristol, by August 6th.—Bristol Medical School. Medical Tutor. Salary, £100 per annum. Applications by July 22nd.—Donegal Union. Medical Officer, Laghey Dispensary. Salary, £120 per annum, and fees. Applications to Mr. William Hammond, Honorary Secretary. Election on July 20th.—Deaconesses' Institution and Hospital, The Green, Tottenham. House-Surgeon. Salary, £100 per annum. Applications to Dr. Laseen, Tottenham, by August 1st.—East London Hospital for Children and Dispensary for Women, Shadwell, E. Assistant-Physician. Applications by July 30th.—Hospital for Consumption and Diseases of the Chest, Brompton. Assistant-Physician.—Manchester Royal Infirmary, Dispensary, and Laneside Asylum. Honorary Obstetric Physician. Applications to the Chairman of the Board by July 18th.—Manchester Royal Infirmary, Monsall Fever Hospital. Assistant Medical Officer. Salary, £50 per annum. Applications to the Chairman of the Medical Board.—Royal Cornwall Infirmary. House-Surgeon. Salary, £150 per annum. Applications by July 18th.—Royal Infirmary, Ryde, Isle of Wight. House-Surgeon and Secretary. Salary, £50 per annum. Applications by July 28th.—Whittingham County Asylum, Preston. Assistant Medical Officer. Applications by July 30th.—York County Hospital. Resident House-Surgeon. Salary, £100 per annum. Applications to R. Holtby, 5, New Street, York, by July 25th.

APPOINTMENTS.—J. B. Ball, M.B., M.R.C.P. Lond., Assistant-Physician to the West London Hospital, Hammersmith.—W. Moss Bristow, M.R.C.S. Eng., L.R.C.P. Edin., House-Surgeon to the Liverpool Royal Infirmary.—A. William Dawson, M.B., House-Physician to the Liverpool Royal Infirmary.—F. G. D. Drowitt, M.D. Oxon, M.R.C.P. Lond., Physician to the West London Hospital, Hammersmith.—Edward M. Gar-

stang, M.R.C.S.Eng., L.R.C.P.E., Honorary Surgeon to the Bolton Infirmary and Dispensary.—Samuel Hughes, M.B., C.M.Édin., M.R.C.S.Lond., L.S.A.Lond., House-Surgeon to Liverpool Royal Infirmary.—Herbert C. Major, M.D., Honorary Physician to the Bradford Infirmary.—R. Moody-Ward, B.A., M.B.Oxon., M.R.C.S., House-Physician to Guy's Hospital.—F. B. W. Phillips, M.A., M.B.Oxon., M.R.C.S., House-Physician to Guy's Hospital.—T. H. Rodman, M.B., M.R.C.S., House-Surgeon to Guy's Hospital.—A. M. Watkins, M.R.C.S.Eng., L.R.C.P.Lond., House-Surgeon to the Liverpool Royal Infirmary.—A. E. Weightman, L.R.C.P. and L.R.O.S.Édin., House-Physician to the Liverpool Royal Infirmary.—S. Worthington, M.B., F.R.C.S., House-Surgeon to Guy's Hospital.

Notices of Books.

ROBERTS'S PRACTICE OF MEDICINE.*

It has been our pleasing duty to review several of the preceding editions of Dr. Roberts's well-known standard work on the theory and practice of medicine, and we note with particular satisfaction that each new edition is a distinct advance upon the preceding issue. Dr. Roberts is not to be classed among the happy-go-lucky order of authors, who are content to let their publishers go to press with a so-called "new" edition in all respects except the title page, the counterpart of the preceding edition. He subjects every section and every chapter to a complete revision, adding new matter here and there, as required, to keep the work well abreast of the most-advanced theories and discoveries in the etiology and pathology of disease, and the most recent improvements in treatment. The chapters on the various forms of lung and heart disease are, as one might have expected from the author's extensive opportunities of observing chest diseases, the strongest part of the work, and may be studied and consulted, as complete, accurate and advanced, as are to be met with in any treatise on general medicine. The chapters on diseases of the stomach and bowels, but we could have wished that the question of operative treatment had been more fully considered. In some cases of acute intestinal obstruction, to prolong medicinal treatment beyond a certain point, is to waste valuable time, and prompt operative measures are imperatively demanded if life is to be saved. Medical practitioners sadly want some help to guide them as to the class of cases and the indications which call for the interference of the surgeon. Modern surgery has done much to help the physician in the treatment of diseases of the stomach and intestines, and we expect much greater results are in store for us.

The chapters on diseases of the nervous system, have been re-arranged and amplified, and in this section of the work, the author has been ably assisted by Dr. Beevor, assistant-physician to the National Hospital for Paralysis and Epilepsy. As a treatise on medicine, for the student, we may confidently say that Dr. Roberts's Handbook is likely to maintain the pre-eminent position it has so worthily occupied for many years past.

Examination Questions.

APOTHECARIES' HALL.

The following questions were given at the Primary Examination on June 3rd and 4th:—

Chemistry.—(2 to be answered, and 1 on Organic).—1. How may the oxides of carbon be respectively prepared? Prove the composition of oxalic acid. 2. How may mercurous and mercuric iodides be respectively prepared? Distinguish one from the other. Describe the crystalline form of latter. 3. Show exhaustively that a given clear solution contains arsenious acid. 4. Describe the changes which occur when anhydrous

* "The Theory and Practice of Medicine," by Frederick T. Roberts, M.D., B.Sc., F.R.C.P., Professor of Materia Medica and Therapeutics, and of Clinical Medicine, at University College, Physician of University College Hospital, &c., 7th Sixth edition. London: H. R. Lewis, 136, Gower Street

alcohol is acted upon by chlorine, (a) with, and (b) without, the presence of alkalis.

Materia Medica.—(2 to be answered.)—What media are directed to be used for making tinctures in the B. P.? Give an example and reason for their employment in each case. 2. Enumerate the B. P. preparations in which gum resins are respectively used, stating the doses of such as are given internally. 3. Give the doses of such B. P. preparations as contain animal products.

Botany.—(1 to be answered.)—1. Describe a tubercle, a corm, a stigma, and a rhizome. Name an officinal drug, composed of each of these structures. 2. What drugs are respectively obtained from the orders—melanthaceae and convulvaceae? Give the characteristics of each of these orders.

OPERATION DAYS AT THE HOSPITALS.

- MONDAY** - - St. Bartholomew's, 1.30 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Hospital for Women, 2 p.m.
- TUESDAY** - - St. Bartholomew's, 1.30 p.m.—Guy's, 1.30 p.m.—Westminster, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—West London, 3 p.m.—St. Thomas's (Ophthalmic Department), 4 p.m.—Cancer Hospital, Brompton, 3 p.m.
- WEDNESDAY** - St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—Middlesex, 1 p.m.—University College, 2 p.m.—London, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Great Northern Central, 2 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's, 1.30 p.m.
- THURSDAY** - - St. George's, 1 p.m.—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—Chelsea Hospital for Women, 2 p.m.
- FRIDAY** - - King's College, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Royal London Ophthalmic, 11 a.m.—Guy's, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.—East London Hospital for Children, 2 p.m.—Manchester Infirmary, 11 a.m.
- SATURDAY** - St. Bartholomew's, 1.30 p.m.—King's College, 1 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's, 1.30 p.m.—Royal Free, 9 a.m. and 2 p.m.—London, 2 p.m.—Manchester Infirmary, 11 a.m.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

DR. COUZENS.—Very glad to hear from you again, and congratulate you on safe termination to your journey. The notes will be most acceptable.

MR. A. JAMES.—The paper will probably be interesting and instructive to many of our readers, and we shall have much pleasure in giving it publication in our columns.

JUMBO.—The carriage-tax on a four-wheeled conveyance is two guineas, unless the vehicle weighs less than four cwt., in which case it is fifteen shillings. The tax is to be paid to

the ordinary collector of Queen's taxes for the district. It is payable by medical men as well as others.

Mr. SAMUELSON.—You cannot enter now until the next winter season, which begins in October. The hospitals you name are both good.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Mr. Gardner, York; Dr. Couzens, London; Mr. A. James, London; Mr. Dartnell, Liverpool; Mr. Brindley James, London; Dr. Armand Semple, London; Mr. J. Scoto, Manchester; "Jumbo," Mr. W. Fingland, Liverpool; Mr. M. Roberts, Middlesex Hospital; Mr. Samuelson, London.

BOOKS, PAPERS, &c., RECEIVED.—Braithwaite's Retrospect, vol. xci. London: Simpkin and Co.—Guide to Examination of the Urine, by J. Wickham Legg; 6th edition. London: H. K. Lewis.

Local Secretaries.

St. Bartholomew's	Mr. W. McLEAH.
Charing Cross	Mr. F. A. SAW.
Dental	Mr. R. WYNNE ROUW.
St. George's Hospital	VACANT.
Guy's Hospital	Mr. A. R. F. EVERSHED.
King's College Hospital	VACANT.
London Hospital	VACANT.
St. Mary's Hospital	VACANT.
Middlesex Hospital	Mr. W. E. NEWBY.
St. Thomas's Hospital	Mr. S. A. M. COPEMAN.
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THE WINTER SESSION of 1885-6 will commence on OCTOBER 1st, when an Introductory Address will be delivered by A. O. MACKELLAR, Esq., M.Ch., at 3 p.m.

TWO ENTRANCE SCIENCE SCHOLARSHIPS, of £100 and £60 respectively, open to all First Year Students, will be offered for competition. The Examination will be held on the 5th, 6th, and 7th of October, and the subjects will be Chemistry and Physics, with either Botany or Zoology, at the option of Candidates.

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Prospectuses and all particulars may be obtained from the Medical Secretary, Mr. George Rendle.

W. M. ORD, Dean.

MEDICAL DEPARTMENT.

WAR OFFICE,
27th May, 1885.

AN Examination of Candidates for Thirty Commissions in the Medical Staff of Her Majesty's Army will be held at the London University, Burlington Gardens, S.W. (by permission of the Senate) on the 10th August next, and following days, at 10 o'clock a.m.

Application for admission to the Examination should be made in writing, without delay, to the Director General, Medical Department, War Office, London, by whom a revised Schedule, containing further particulars, will be furnished.

(Signed) T. CRAWFORD, M.D., *Director General*.
The lists will close on Saturday, 1st. August, 1885.

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DR. BRADLEY, who was sentenced to two years' imprisonment for an alleged criminal assault on a woman named Sweetmore, was released on Wednesday morning from Leicester Gaol, and returned to Chesterfield in the afternoon, together with his wife, who had proceeded as far as Nottingham to meet the doctor. On his passing through Birmingham he was recognised and cheered, and was obliged to stop the hansom to receive the hearty congratulations of his friends, who came out in large numbers to meet him. It had been intended by his well-wishers that they should meet him with an omnibus, but his release came before it was expected. The profession will feel grateful to the Conservative Home Secretary for his prompt action in releasing Dr. Bradley, and giving him the benefit of the doubts which existed as to the truth of Mrs. Sweetmore's statements.

It is stated that the dread disease called, "the Siberian plague," has made its appearance in three different villages within the immediate district of Odessa. Among Russians, cholera has comparatively slight terrors to those aroused by the presence of this disease, which is alike loathsome, fatal, and terribly contagious. The abnormally hot summer, such as has not been experienced during the last six years in the South of Russia, is propagating in an alarming degree many epidemics.

Last month, the Society of Apothecaries recovered £20, with costs, from Mr. A. W. Tulby, described as an "accoucheur and dealer in patent medicines," of Brunswick Road, Poplar. Several witnesses were called to show that either they themselves or their children had been treated medically by the defendant for chronic asthma, measles, &c. He had sometimes called at their houses, and they had paid for the medicines supplied. They admitted, in cross-examination, that the medicines had a beneficial effect, and that the defendant was popular in the district. For the defence, it was endeavoured to be proved that the defendant did not compound or prescribe any medicines, and that he merely acted as assistant to a surgeon, in which capacity he was entitled to do what he had done. Mr. Lewis Glynn, for the plaintiffs, said a surgeon had no more right to act as an apothecary than an ordinary druggist. (!) Mr. Glynn is a little out in this view of a surgeon's privileges. He can practise as an apothecary, but it is a question whether he can recover his fees in a court of law.

PERIPATETICUS.

Original Papers.

A SHORT DESCRIPTION OF DISEASES OF ARTERIES, TOGETHER WITH THE CHIEF POINTS ABOUT ANEURISMS.

By A MEMBER OF THE COLLEGE OF SURGEONS.

(Continued from page 219.)

PATHOLOGICAL ANEURISMS

Are divided into *true* and *false*.

The True aneurism contains all three coats of an artery; this only occurs as a uniform dilatation of the whole circumference of a portion of an artery, commonest in the arch of the aorta, there being no such thing as a true sacculated aneurism.

The False aneurism may have the wall of its sac composed of the internal and middle coats blended together, or the internal and middle may both have disappeared by disease, the external alone being left. This also may give way, leaving a sac formed by the consolidated tissues around. If they burst it is usually in the pleural, pericardial or peritoneal sac, or possibly into one of the hollow viscera, such as the stomach, or perhaps into the lung, but *very* seldom externally through the skin.

The Causes are chronic arteritis, predisposed to probably by syphilis or rheumatism, or both.

Aneurism usually occurs at the site of an atheromatous ulcer. The force of the blood stream impinging against it, forces out and bulges the wall at the weakened spot, which stretches thin, and loses its elasticity. As the sac enlarges fibrin is deposited on its inner surface, owing to its roughness and the lessened velocity of the blood stream in the sac, and as the rate of coagulation and force of the blood stream vary, this fibrin is deposited in layers or laminæ. These laminæ can be easily separated from each other, or from the aneurismal sac. When this happens during life, the blood, which has forced its way between the laminæ, coagulates; this may partly explain the difference in colour of the laminæ.

Pieces of organized fibrin may be detached and carried away by the blood stream, causing embolism or thrombosis.

Outside the sac lymph is deposited on it, strengthening it.

The tissues around are consolidated and atrophied. Consolidation is due to matting together of tissues by inflammation.

Atrophy is due partly to disturbance of nutrition from cutting off a portion of blood supply by pressure, partly to absorption from inflammation.

Spontaneous Cure may result from—

- (1). Coagulation in sac spreading to artery, and plugging it, the clot setting up a plastic inflammation leading to its replacement by lymph, which is subsequently organized, thus occluding artery; clot in sac may break down and form an abscess, which opens externally as a rule.
- (2). By the aneurism itself compressing the artery above the aperture of communication.
- (3). By a piece of fibrin broken off clot in sac being carried into artery and plugging it below orifice of communication.

- (4). Accidental pressure of a tumour of any description, pressing on artery on proximal side of aneurism.
- (5). By inflammation and suppuration around aneurism, spreading to artery and causing coagulation and subsequent occlusion.

There are a few other descriptions of aneurism not included in the foregoing.

Dissecting Aneurism usually occurs at a spot in the artery formerly occupied by a calcareous plate, which has been knocked or driven out. The blood works its way between two coats of the artery, separating them as it forces a way for itself and may terminate in either of three ways.

- (a) By bursting through external coat on to serous or mucous surface, or into soft parts, forming a false sacculated aneurism in the latter case.
- (b) By opening into vessel at a spot lower down.
- (c) By dilating external or external and middle coats into an aneurisma sac.

Crisoid Aneurism consists of a number of arteries close together, dilated and tortuous, intercommunicating.

Miliary Aneurisms occur in cerebral vessels, are small and numerous in size, from a pin's head to a small pea, frequently rupture, giving rise to apoplexy.

OPERATIONS OF LIGATURE FOR ANEURISM.

Antyllus.—Cutting down on to, lying open sac, turning out clots, tying artery above and below, and letting sac granulate up; imitates the spontaneous cure by suppuration.

Anel.—The French operation, tying artery close above aneurism, no branch being allowed to intervene between sac and ligature.

Hunters.—The English operation, tying artery some distance above sac, so that one or more fair sized branches intervene between it and ligature.

Brasdor's operation is a ligature placed on the common carotid, on the distal side of an aneurism of that artery.

Wardrop's operation consists in ligaturing the right subclavian and carotid arteries for aneurism of the innominate.

In addition to ligature, flexion of limbs to lessen force of blood stream, pressure by fingers or tourniquet, or medical treatment, consisting of absolute rest and lowering force and frequency of heart's action. May any of them be tried?

Injecting the sac with iodine, ferri perchlor, etc., has been tried, as has also galvano puncture. Foreign bodies have been passed into the sac to try and induce coagulation.

(To be continued.)

THE TREATMENT OF THE CASE.

By J. MILNER FOTHERGILL, M.D.,

Physician to the City of London Hospital for Diseases of the Chest (Victoria Park.)

"If your diagnosis is correct, the treatment follows as a matter of course" is the dogmatic utterance which has often fallen on my ear in the years that have elapsed since I was a student. So often has it been heard, that much inward speculation has been caused, from time to time, as to how far the statement is true.

In the first place what is meant by diagnosis? How restricted is the term in each speaker's mouth; or how wide? Say the case is one of early phthisis. There is apex consolidation say to the third rib, little air is passing into that portion of the lungs, and moist râles are to be detected. Having ascertained these matters; having also ascertained that the patient's thorax is a flat unpromising one—is the diagnosis complete? And further, what indications for treatment are furnished by it? So far, it gives no hint. If the student falls back on his text book, he will find Dr. Roberts wisely tells him "Every case requires thoughtful consideration, and it must not be imagined that this is a disease capable of being controlled by any one remedy or class of remedies." That is just where the student fails. Phthisical patients are utilised in hospitals rather for diagnostic purposes than with an eye to the treatment of the case. No doubt Dr. Roberts knows perfectly well how to weigh each factor in each case, and therefore the measures by which he purposes to attack the case. But then he has earned that power by the sweat of his brow, and can no more enable his reader to do this at once than a juggler, who can keep six balls in the air at once, can enable an aspiring onlooker to do the same by merely showing him how it is done. It is no fault of the juggler, nor any fault of Dr. Roberts—or any other writer of a hand-book of physic!

"Tonics and Cod-liver oil." Certainly very good in their way. But supposing the patient protrudes an apthous tongue, and vomits everything; how about "the tonics and cod-liver oil?" Dr. Roberts has not allowed the matter to escape him. "Bismuth, alkalies, and hydrocyanic acid," certainly again. But how about the dietary? Does the student at this point turn to the matter of "gastric irritation," and read what is said there about the diet? If he does he will probably be able to treat the case wisely. But for diagnosis to guide the treatment it must be a wider diagnosis than is too commonly assumed. If the patient be put upon a bland dietary as Mellin's food and milk; milk and an alkali (lime water is too often bulky and too feebly alkaline) as Dinneford's fluid magnesia, or a little prepared chalk, or carbonate of magnesia; beef tea with biscuit powder; small quantities at once, and oft repeated; then the case will frequently do well. But suppose he has not seen this carried out, and is left to work the matter out for himself; how is he to get the requisite knowledge? That is his business. But the sooner he gets it, the better for him, and the more capable he will be of holding his own with the older men about

An Indian Good-Service Pension has been conferred on Brigade-Surgeon J. Macdowell, of the Indian Medical Department.

him—some of whom have acquired the requisite knowledge. Get it as they got it; that is all that he can do!

"Tonics and cod-livers." Very good when the digestive organs are all right. But even before deciding upon tonics and cod-liver oil, it is well to carefully inspect the tongue, and enquire about the bowels. If they are constipated, little good will be done if the plan of treatment does not involve the correction of the bowel trouble. How does the patient sleep? Rest is broken by the cough. Any night sweats? Yes. Bad sweats in the morning! Here certainly is another matter to be taken into account. Probably the student does not know, or has not been told, that to give an opiate will be to procure sleep—but will increase the debilitating night sweats. After he has got into practice he makes the discovery in time: but not until he has lost several patients, who might have recovered, possibly, had their treatment been more complete. To get rid of these night sweats (which he will learn, if he see much of phthisis, to cordially detest) he can add some belladonna to the opiate, say *liq. atropia Mii. tinct. opii Mxx mist. camph. 3ss.*

If the patient be put upon this night draught, and something like this: *Quinæ. sulph. gr. i., liq. strychniæ Miv., ac. phosph. dil. Mxv. inf. gent. 3i. ter. in die, half-an-hour before meals*—he will begin to pick up probably. The arrest of the night sweats is a saving, and "a penny saved is a penny gained!" The dietary should consist of suitable food. And a sufficient diagnosis will include an inspection of the teeth so as to learn how far the patient can, or cannot masticate food. If the teeth are bad, then spoon treatment is indicated, the patient being told to roll the food about in the mouth, so as to mix it with the saliva. This last matter—the digestion of starch—is of the greatest importance in a case of phthisis.

Now as to cod-liver-oil. There is nothing magical about it; it is only the most easily assimilable form of fat—not the best form. Fat is requisite for building up healthy tissue; therefore as soon as possible let fat be taken. Often the nauseous oil is readily taken when a piece of sweet fat is loathed. Why? Because some how or other the patient's palate tells him he cannot digest fat in that form. But because this is true of cod-liver-oil, it does not follow that codliver may be ordered at the first interview—as if it were a matter of course that it will do good. The quotation made from Dr. Roberts applies here.

By this time the student will realize how many points have to be attended to in a case of ordinary pulmonary phthisis in order to treat it efficiently. Beyond these general matters there is local treatment to be considered. Dr. Roberts has pointed out how rest—physiological rest—may be secured for the injured lung by strapping, so as to allow the lung little play. Very good! Then if there be sharp pleuritic pains, a small blister may be of service. How far painting the chest with tincture of iodine will do any good, it is not easy to say.

Diagnosis guides the treatment; but in order to do so effectually it must itself be efficient and complete—including the individual and general condition, as well as the disease. But it is a notorious fact

that some men who excel in diagnosis are not equally conspicuous for their grasp of treatment. The therapeutic instinct is as surely a "gift" as music. It stands by itself. A learned man may not be as good a member of a choir as an unlettered bumpkin. There is many a physician of eminence who, in the treatment of a case of phthisis is behind plenty of country doctors, who scarcely understand the information furnished by the clinical thermometer! But as therapeutics are essential, each man must be made the most of—whether his talent be little or great. The very fact that there is this natural inequality is an argument of the very strongest character for systematic teaching on the subject. Just as in the army men are taught to ride systematically with wonderfully equal results, or are trained by rule as marksmen with results the bulk could never attain alone and single-handed—i.e., self taught; so there ought to be systematic training in our hospital teaching as to the therapeutic aspect of disease. I am perfectly certain students would take a keen interest in the matter; and the example of King's College ought to be followed elsewhere. And if broad rules were taught and laid down, all would profit—in proportion to their capacity and diligence; and this would surely be better for practitioner and patient than the present plan of leaving the student to pick this up as he can. The old plan of apprenticeship showed a pupil the practice of his master.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, JULY 25, 1885.

EDITORIAL AND PERSONAL.

DR. PROTHERO SMITH, the founder of the hospital for Women, Soho Square, has, after 43 years of active work thereat, resigned the post of senior physician, and has been appointed consulting physician to the Hospital.

At the June matriculation examination of the University of London, out of over 1,100 candidates 615 proved successful: In the honours list a lady occupies the first place, and the names of twenty-nine others appear in the same list, which comprises 136. In the first division 335 candidates passed, and in the second division forty-four. Thirty-five candidates have obtained either prizes or the number of marks qualifying for prizes, eight of these being ladies. Last year 972 candidates presented themselves for this examination, and 536 passed.

O. J. CULLINGWORTH, M.D., M.R.C.P., Physician to St. Mary's Hospital, Manchester, and Lecturer on Medical Jurisprudence at the Owens College, has been elected Professor of Obstetrics and the Diseases of Women at the Owens College, Manchester, in the room of John Thorburn, M.D., F.R.C.P., deceased.

THE annual picnic of the British Medical Association commences on Tuesday next, at Cardiff, and the festivities will be continued throughout the week. The entertainments already arranged for the edification of members include several meetings, at which numerous well-known gentlemen have undertaken to divert attention by reading papers on subjects which are supposed to possess an interest for medical men bent on "making holiday;" and a good deal of easily acquired information will probably be imparted in this connection. In addition to these lighter entertainments however, several really serious engagements have been entered into on behalf of the Association, these being mainly of a physiological nature, and likely to involve a heavy strain on the digestive organs. This necessary introduction of business is, however, the only drawback to the pleasures of the picnic, and being its main feature, naturally demands an excess of devotion from the members who regard it as their bounden duty to sacrifice their personal comfort on the altar of patriotism. We trust that the outing may be as successful this year as at any time previously, and that members—while remembering that its principal object is to afford copy to the *British Medical Journal*—will not, on that account, neglect to leave the light refreshment of attendance in the sections, with the rightful business of unfettered dietetic indulgence.

THE recent Hospital Saturday collection in Birmingham has reached the handsome sum of £6,554. The following sums have been paid to the various charities:—General Hospital, £2,124; Queen's Hospital, £1,135; General Dispensary, £693; Children's Hospital, £570; Eye Hospital, £434; Sanatorium, £251; Women's Hospital, £214; Lying-In Charity, £75; Orthopaedic Hospital, £190; Ear and Throat Infirmary, £61; Dental Hospital, £12; Skin and Lock Hospital, £79; Nursing Society, £35. The collection is the largest ever made in the town.

THE projected Autumn Session of the General Medical Council will not be held, as there is no Parliamentary work, and a saving will thus be effected of some hundreds of pounds which would otherwise be wasted on the usual contest of tongues, without exercising the least influence for good or evil on anything.

THE counting of the contents of 800 collecting boxes distributed in the central districts was resumed and concluded on Tuesday last, at the chief office of the Hospital Saturday Fund, Fleet Street, when the total was found to be £2,365, as against £1,890 last year. The former sum consisted of £25 in notes, against £12 last year; £280 in gold, against £172; £1,360 in silver, against £1,131; and £700 in bronze coin, against £576 in 1884. By the

Victoria Park Entertainment Committee £200 has been realised, and the results of the cab trade and steamboat collection are estimated at £250 and £50 respectively. Already the central office has been advised of the receipt of £711 in certain remote districts, while from others £750 at a moderate computation based on prior results is expected. Thus the grand total of the various collections is estimated at £4,326, as against £2,907 in 1884, being a balance in favour of last Saturday of £1,419. Information has been received by Mr. R. Frewer, the secretary of the Hospital Saturday Fund, that the Chelsea contribution is £70 as against £24 last year; Woolwich, £140, against £80; Wood Green and Tottenham, £186, against £98; and West Ham, £65, against £44. At the following collecting stations in the City, the under-mentioned sums were received by the ladies named:—Throgmorton Street (Miss Claudine Griffiths), £38 17s. 11d., including £17 10s. in gold; Cannon Street (South-Eastern Railway Station) (Mrs. Clabour), two boxes, £31 11s. 7d.; Fenchurch Street railway station (Miss Britton), three boxes, £17 11s. 9d.; Mansion House (the Hon. Mrs. Randolph Clay), £14s. 9s. 7d.; Threadneedle Street, beside National and Provincial Bank (Mrs. Frewer), £14 8s. 6d.; Threadneedle Street, beside the Capital and Counties Bank (the Misses Frewer), £13 9s. 8d.; Broad Street railway station (Mrs. M. K. Tyer), £11 17s. 10d.; Liverpool Street railway station (Mrs. Polley), £11 15s. 5d.; Capel Court (Mrs. Hardwicke), £11 10s.; Peabody statue (Mrs. Ellis), £11 8s. 5d.; and Wellington statue, Royal Exchange (Miss Murphy), £10 1s. 5d.

THE collections have proved largely in excess of the amount realised last year, the increase amounting to close on £1,500. Notwithstanding, however, Birmingham, the birth-place of the movement, contributes a larger sum in this way to its local medical institutions than does the metropolis, even in the present year—a fact worthy of being carefully considered. We trust that the distributors of the fund in London will bear in mind the recent exposure of irregularities at University College, and that before handing any portion of the funds to this charity they will require from its governing body an assurance that the nursing staff has been duly relegated to its legitimate subordinate position; and that not even "superior" sisters are permitted to erect their own prejudices into guiding principles for the regulation of the wards.

ONE of the most expensive, but in the long run most effective methods of advertising on the part of surgical instrument makers, is by the issue of illustrated catalogues. The cost of production of an exhaustive catalogue is something enormous, and the expenditure is justified only in the case of those firms who are in a large way of business. We have just received a handsomely bound illustrated catalogue, which has been issued by Messrs. Arnold and Son, the old established firm of surgical instrument makers in West Smithfield. It is a large work of more than 600 pages, and the illustrations are beautifully executed. We believe a copy of the

catalogue has been sent to every medical practitioner in the United Kingdom whose address can be ascertained. No doubt Messrs. Arnold will, if requested, be pleased to present a copy to any medical practitioner who may have been overlooked.

On Saturday, July 18th, the Volunteer Medical Staff Corps underwent its first annual inspection at Wellington Barracks. Sir James Hanbury, K.C.B., Principal Medical Officer of the home district, inspected. Surgeon Cross, of the Grenadier Guards, acted as Aide-camp and Surgeon-Commandant Cantlie commanded the battalion. After inspecting the battalion drawn up in line with swords drawn, Sir James witnessed the march past of the four companies. Afterwards, No. 1 Company, under Surgeon Squire, went through various company manoeuvres and stretcher bearer drill. No. 2 Company, under Surgeon-Major Norton dressed, lifted and carried wounded. No. 3 Company under Surgeon, Platt loaded and unloaded ambulance waggons. No. 4 Company, under Mr. Casson—the lay company—executed various manoeuvres and formed seats. Sir James addressed the corps drawn up on three sides of a square with the officers in the centre, and congratulated the officers and men upon their smart and soldier-like appearance. He assured the members of the Corps that many anxious eyes from all parts were watching the development of this Corps; and many persons high in authority were eager in their enquiries as to how the Corps was succeeding. He further stated that there were many points in the drill he had just seen which were to be commended, and a few in which he should like to see an improvement. A large number of ladies and gentlemen were present to witness the parade; amongst those we noticed:—Lord Ruthven, Sir George Hunter, Mr. McLure, Mr. Malcolm Morris, Surgeon-Major Evatt, Surgeon Cumming, &c., &c. On the 8th August 114 of the Corp proceed to Aldershot for a week's drill in a military camp.

THE French Academy of Medicine has recently awarded a prize to Dr. Murrell, "for the discovery of nitro-glycerine as a remedy for angina pectoris." This announcement amuses the *Homoœpathic World*. Dr. Murrell published his discovery in 1880. The French Academy discovers the discovery in 1885; while, according to the *Homoœpathic World*, Dr. Constantine Thring and Dr. Dudgeon established or defined the medicinal value of nitro-glycerine, or glonoine, as they called it, "about the time Dr. Murrell was learning to walk, if, indeed, his resolution had advanced so far."

WHAT BECOMES OF MEDICAL STUDENTS?

THE *British Medical Journal* extracts the following from Sir James Paget's interesting return as to the career of a thousand students at St. Bartholomew's Hospital. The report was published in the fifth volume of the hospital reports. Out of the thousand students, twenty-three achieved distinguished success, holding important public and hospital appointments, or gaining leading practices. Twenty-six

had considerable success, holding good appointments or lucrative practices in good districts, or gaining more than ordinary esteem and influence in society. Five hundred and seven, or rather more than half, attained fair success, being able to live by their profession, or to gain promotion in ordinary appointments, maintaining in all cases a good reputation. One hundred and twenty-four had very limited success, not having made a fair practice within fifteen years after entering the profession, or appearing likely to do so, or were only just making an uncertain livelihood, or were still employed as assistants in ordinary practices, or were erratic, or doing much less than had been expected of them. Fifty-six "failed entirely." Sixteen of these ill-fated men did not get on in life, though no reason could be assigned to account for their failure, and ten failed through ill health, or some distinct misadventure. Ten were habitually irregular in their habits, and five failed because of scandalous misconduct. Fifteen were never able to pass examinations, some because of idleness and listlessness, a very few through sheer want of intellect. Ninety-six, or nearly ten per cent. left the profession after beginning either its study or its practice; in the same space of time only seven entered the hospital after abandoning other studies or callings, and five of the seven again changed their minds. Of the ninety-six three were wisely removed from the hospital studies by their friends, and thirteen left pupillage on their own accord, or were expelled. Two retired through acquiring means which put them in a position to dispense with work of any kind; four, after beginning practice, had to leave in disgrace; three took to the stage, one with success; four gained commissions in the army; three enlisted, one winning a commission; one successfully took to the bar; seven took holy orders; twenty went into business; nine became farmers; three homœopaths, all unsuccessfully; while twenty-four left the profession for various other pursuits. Eighty-seven died after beginning practice, twenty-one of diseases incurred in their duties, five by suicide, and one "judicially," attaining, nearly thirty years since, a terrible notoriety by his crimes. The remainder died of various diseases when either prosperous or otherwise. Forty-one died when students, seventeen of phthisis, four (at least) of fever caught in the hospital, whilst two committed suicide.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the Primary Membership Examination on the 13th inst.:—A. R. P. Sanderson, Newcastle-on-Tyne; T. Wilson Smith, W. Sinclair Cameron, and H. Pearson Ainsworth, Guy's Hospital; Andrew P. Lange, King's College; William E. Stevens and Herbert J. Thomas, Bristol School of Medicine; Edgar P. Daniell, University College; R. S. Charsley, Westminster Hospital; T. Gray Carr, Manchester; Nelson C. Solater, Liverpool; D. McDougall L. Campbell, H. De Vere Stackpoole, St. Mary's Hospital; Arthur B. Blaikie, Cambridge; Tom. W. Bevan, St. Bartholomew's Hospital; W. Bremner Nelson, Middlesex Hospital; Frederick W. Style, London Hospital; G. Brooke French, Edinburgh. Passed in Anatomy only:—Neal Nelson, Dublin;

Gaston Alexandre, Beale; W. D. Wells, King's College; F. B. H. Caudwell, Charing Cross Hospital; Arthur C. A. Lovegrove, Westminster Hospital; Charles Rutherford Adams, St. Thomas's Hospital; W. G. Thorpe, Guy's Hospital; G. Hobson Thompson, St. Bartholomew's Hospital. Passed in Physiology only:—D. J. P. McNabb, Newcastle-on-Tyne; T. Jessopp Bokenham, St. Bartholomew's Hospital; T. A. F. Quirk, Melbourne. (Candidates referred for three months, 11; six months, 10.) The following gentlemen passed their Examination on the 14th inst.:—R. Francis Bate, Charing Cross; E. Stanley Robinson and H. H. Averay Jones, London Hospital; H. B. Marriott and R. G. P. Lansdown, Guy's Hospital; Henry Symonds, St. Bartholomew's Hospital; A. Wilson Boning, C. A. Locke, and P. R. Ponsford, University College; Henry Layng, Westminster Hospital; John Griffiths, King's College; Stanley B. C. De Butts, St. Mary's Hospital. Passed in Anatomy only:—G. Elliott Price and Ernest Carter, London Hospital; John More and Matthew H. Vinrace, St. Bartholomew's Hospital; John Harrison, St. Mary's Hospital. Passed in Physiology only:—H. Bartlett Shillingford and A. Rowland Jessop, Guy's Hospital; Frank Brightman, University College; H. L. Ebdon and G. E. G. Metcalfe, St. Bartholomew's Hospital; Reginald Roberts, Middlesex Hospital; Stacy C. Skipton and Robert W. Logan, St. Thomas's Hospital; F. Alden Nicholas, Westminster Hospital; Charles W. Hopwell, King's College. (Candidates referred for three months, 4; six months, 10.) The following gentlemen passed their Examination on the 15th inst.:—J. Callaghan Gilmour, W. F. A. Clowes, and Richard T. Temple, Guy's Hospital; E. W. Williams, London Hospital; G. Douglas Kerr, St. Thomas's Hospital; Herbert W. Newton, St. Bartholomew's Hospital; John Rees and Robert Hill, Middlesex Hospital; H. W. G. Green, Westminster Hospital; H. W. Elphick, Charles Wade, and S. Sampson Swift, University College; O. H. Duncan, Charing Cross Hospital. Passed in Anatomy only:—P. K. O'Brien, University College; R. F. Gordon, St. George's Hospital; George Barton and James Ash, Charing Cross Hospital; F. T. Troughton, Guy's Hospital; C. S. Fisher, St. Bartholomew's Hospital; O. W. Andrews, St. George's Hospital; W. J. Middleton and F. S. Germaine Lulham, St. Bartholomew's Hospital. Passed in Physiology only:—A. C. Elliman, Guy's Hospital; E. H. T. Harden, University College; E. J. Cross, St. Thomas's Hospital. (Candidates referred for three months, 10; six months, 7.)

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.—The following gentleman passed the Second Examination in Anatomy and Physiology of the Conjoint Examining Board on the 15th inst.:—T. N. Wright, of Guy's Hospital. The following gentlemen passed in Physiology only:—W. P. Smart, of Guy's Hospital; W. L. Abbott, Pennsylvania. One candidate was referred for three months, and two for six months.

KING AND QUEEN'S COLLEGES OF PHYSICIANS.—At the July examinations the following candidates, having passed the necessary examinations, received the Licences in Medicine and Midwifery of this College:—Medicine: Robert Hugh Arthur, Leonard Phillip Banks, Louis Albert Frederick Bate, Alfred George Beale, Benjamin Blackmore, Edward Camall, William George Connor, Francis H. Daunt, Julius Barry Delany, John Empeon, Henry James Flanagan, James Edward Grant, Michael St. Lawrence Harford, Thomas Walsley Heywood, David Humphreys, Charles Granville Jackson, James P. James, Charles Trickey Jones, James G. Laing, John Murray Maclean, Timothy Aloysius Mulcahy, William James Neale, Robert Carson Nicholls, Robert Richards, William John Russell, Francis Howard Sinclair, Samuel Henry Steele, Alexander Stewart, Davis D. Tate, Richard Henry Vereker, John Whyte, John Hall Woods. Midwifery: Robert H. Arthur, Alfred George Beale, Benjamin Blackmore, Edward Camall, William George Connor, Francis H. Daunt, Julius Barry Delany, Charles Cochrane Dickson, Henry James Flanagan, Michael St. L. Harford, Thomas Walsley Heywood, David Humphreys, James Gowans Laing, John Murray MacLean, Timothy Mulcahy, William James Neale, William J. Russell, Francis Howard Sinclair, Norman Smyth, Alexander Stewart, John Whyte, John Hall Woods. The undermentioned were admitted members after the necessary examinations:—Charles Edward Fitzgerald and William Cox Neville.

VACANCIES.—Birmingham Poorhouse Asylum. Resident Clinical. Applications to E. B. Whitcombe, Superintendent. —Bristol Dispensary. Two Medical Practitioners. Applica-

tions to Mr. E. Stock, 57, Queen Square, Bristol, by August 6th. Chelsea Parish. Assistant Medical Officer. Salary, £100 per annum. Applications by July 28th.—City and County Lunatic Asylum, Stapleton, Bristol. Clinical Clerk. Applications to Dr. G. Thompson, Medical Superintendent.—Oton Hill Lunatic Hospital, Stafford. Assistant Medical Officer. Salary, £100 per annum. Applications by August 8th.—Deaconesses' Institution and Hospital, The Green, Tottenham. House-Surgeon. Salary, £100 per annum. Applications to Dr. Lasseron, Tottenham, by August 1st.—East London Hospital for Children and Dispensary for Women, Shadwell, E. Assistant-Physician. Applications by July 30th.—Edmonton Union. Medical Officer for the Parish of Chess-hunt. Applications by July 29th.—Isle of Man General Hospital and Dispensary. House-Surgeon. Salary, £100 per annum. Applications to F. Brown, 46, Atholl Street, Douglas, by August 10th.—Mason Science College, Birmingham. Demonstrator in Physiology. Applications by August 28th.—Netherfield Institution for Infectious Diseases, Liverpool. Resident Medical Officer. Salary, £80 per annum. Applications to R. Calder, Secretary, 4, Commercial Court, 17, Water Street, Liverpool, by August 1st.—Parish of Birmingham. Three Temporary District Medical Officers. Salary, £400 per annum each. Applications by July 28th.—Ramsgate and St. Lawrence Royal Dispensary and Seaman's Infirmary. Resident Medical Officer. Salary, £120 per annum. Applications by August 1st.—Royal College of Surgeons of England. Examiner in Dental Surgery. Applications by July 30th.—Royal Infirmary, Ryde, Isle of Wight. House-Surgeon and Secretary. Salary, £50 per annum. Applications by July 28th.—Staffordshire General Infirmary, Stafford. Assistant House-Surgeon and Secretary. Applications to F. Milnes, Blumer.—St. George's and St. James's Dispensary. Physician. Applications by July 28th.—Western General Dispensary, Marylebone Road. Junior House-Surgeon. Salary, £63 per annum. Applications by July 25th.—York County Hospital. Resident House-Surgeon. Salary, £100 per annum. Applications to R. Holtby, 5, New Street, York, by July 26th.

APPOINTMENTS.—C. J. Cullingworth, M.D., M.R.C.P., Professor of Obstetrics and the Diseases of Women at the Owens College, Manchester.—T. Curtis Denby, M.D.Brux., M.R.C.S., Honorary Surgeon to the Bradford Infirmary.—Thomas Dutton, M.D., M.R.C.P.Edin., London Consulting Physician to Mont Doré Company (Limited), Newton Dale, for five years.—T. Fred Gardner, M.R.C.S.Eng., L.R.C.P. Lond., L.S.A., Honorary Surgeon to the Bournemouth Cottage Hospital.—Frederic W. Hewitt, B.A., M.B.Cantab., Anaesthetist to the Royal Hospital for Children and Women, Waterloo Bridge Road.—Frank Hewkley, M.R.C.S., L.S.A., Clinical Assistant to the Royal South London Ophthalmic Hospital.—W. B. Paterson, M.R.C.S., L.D.S. (Anal F.R.C.S. examination), Dental Surgeon to St. Bartholomew's Hospital.—W. Pogson, F.R.C.S., L.R.C.P.Edin., Medical Officer of Health for the Leeds Rural Sanitary District.—Reginald Pollard, M.B., M.R.C.S., House-Surgeon to the Burton-on-Trent Infirmary.—John Williamson, M.B., C.M., House-Surgeon to the Richmond Hospital, Surrey.

University, College, and Hospital Intelligence.

BIRMINGHAM.

The annual inter-hospital match was played on Friday, the 17th instant, on the ground of the King's Heath Cricket Club, which was generously placed at the disposal of the teams by the Committee. The General Hospital was unable to reverse last year's defeat, being beaten by 32. For the Queen's, Mr. A. Hulme put together a neat 29, Mr. N. D. Best contributing 23. Mr. H. M'Veagh made the best hit of the match, but failed to bring his score beyond 18. For the General, Messrs. Bryan James and Oldacres were the only men who played decent cricket, Mr. Nott showing good ideas but bad execution. The less said of the bowling the better.

GENERAL HOSPITAL.		QUEEN'S HOSPITAL.	
Dr. Wilson, b Best	6	N. D. Best, b Townsend..	23
C. Bryan, c Hall, b Best..	19	H. D. Mason, c Haslam, b	
C. E. Oldacre, c Bullock, b		Oldacres	2
Best.....	7	R. Bullock, c and b Town-	
A. Townsend, b Best	0	send.....	10
Dr. Foxwell, c Hulme, b		Rev. Cochafer, c Foxwell,	
Mason.....	3	b Oldacres	3
Dr. Thompson, b Mason..	3	A. Hulme, thrown out	29
F. G. Gardiner, b Best ..	2	Dr. Fowler, b Townsend	14
A. H. Nott, b Hulme	11	A. W. Gray, b Townsend	2
J. A. James, c Hall, b		H. McVeagh, b Bryan ..	18
Bullock	20	Dr. Hall, b Thompson ..	6
Dr. Haslam, not out	1	J. Westwood, b Gardiner	0
A. Boyce, b Hulme.....	0	A. Loxton, not out	0
C. Emery, b Hulme	0		
Extras.....	7	Extras.....	5
Total.....	79	Total.....	111

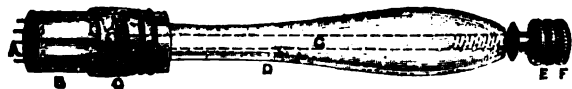
GENERAL HOSPITAL.—Lieutenant Fox, R.N., has been appointed House Governor of this Hospital, vice Mr. Grant resigned. Mr. Grant has faithfully fulfilled his arduous duties through a period of 15 years, and to him is due to a large extent the great and increasing financial prosperity of the charity. He has been appointed House Governor to the Great Northern Hospital, the Committee of which are to be congratulated upon having secured the services of one so eminently suited for the duties. Mr. Grant will carry with him the best wishes of a large circle of friends.

EDINBURGH UNIVERSITY.

MURCHISON MEMORIAL SCHOLARSHIP IN CLINICAL MEDICINE.—The competition for this scholarship, open to competition annually among graduates of the Edinburgh and London Universities, has just been held in Edinburgh. The first place has been gained by Joseph Griffiths, University of Edinburgh; *proxime accessit*, S. Plowman, St. Thomas's Hospital, London. The next examination will be held in London in 1886.

THE PERCUSSO-PUNCTATOR.

The subjoined engraving gives an accurate idea of the construction and mechanism of a newly-contrived instrument for the treatment of rheumatic and other affections, as practically useful in its effects as it is simple in its construction. The inventor, Mr. Brindley James, penetrated by the results of his own extensive experience of the intense efficacy of acupuncture in the treatment of rheumatism, lumbago, and obstinately persisting neuralgic affections, has happily succeeded in facilitating its application by this highly ingenious contrivance:—



The puncturing needles, A, can be protruded or withdrawn at pleasure by means of a screw, E, at the further end of the ivory handle, D (which constitutes the body of the instrument), and by a connecting-rod, G, running through the centre of the latter. An electro-plated cup, B, contains the needles, and is connected with D by another electro-plated cup, C, being attached thereto by an ingenious adaptation of the military bayonet-look system. A further screw, F, allows of the connection of the needles (through the rod, G) with an electric battery, if the case should require it. Mr. James is indebted to the practical co-operation of Messrs. Down Brothers, the well-known surgical instrument makers, of St. Thomas's Street, and the sole makers of the Percusso Punctator, for giving application to the instrument of his invention, the therapeutic utility of which will soon be universally acknowledged.

The Town Council of Brighton have invited the British Medical Association to meet there in 1886. The Council has decided not to admit ladies to the Annual Dinner.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

DR. WILDEAKE.—(1) On Skin Diseases, Dr. Fox's little manual will answer every purpose. (2) Savage's "Insanity" (Cassell), and (3) Green's "Pathology," or Pepper's "Surgical Pathology." (4) Yes.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. Murrell, London; Dr. Bedford Fenwick, London; Mr. Ernest Gamgee, Birmingham; Dr. W. J. Morton, Edinburgh; Mr. James Canthie, F.R.C.S., London; Dr. J. Brindley James, London; Mr. W. Fingland, Liverpool; Mr. Osborne, London; Dr. C. E. Armand Semple, London; Dr. J. Milner Fothergill, London; Mr. Williamson, Bedford; Mr. W. L. Jones, Chester; Mr. Dearing, London; Dr. Creswell Hewitt, London, &c., &c.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

FOSTER'S Clinical Medicine, 3s. 6d., published at 10s. 6d. A24
NORRIS on the Physiology and Pathology of the Blood, 2s. 6d.
Henry Smith's Surgery of the Rectum, Fifth Edition, 2s. 6d.
Bumstead and Taylor's Venereal Diseases, 4s. 6d. s59
BRODHURST on Curvature and Disease of the Spine, Third Edition; **Heather Biggs' Manual of Orthopraxy**, and **Warrington Howard's Treatise on Orthopaedic Surgery**; all good as new; the lot, 5s. s60

HANCOCK'S Anatomy and Surgery of the Human Foot, 3s.; **Duncan's Diseases of Women**, 4s. 6d. s61

A BEAUTIFUL Perin's Artificial Eye, for learning to use ophthalmoscope. Almost new. £1 10s. A rare chance. s14

Answers to numbered Advertisements to be addressed, under cover, care of Baillière, Tindall, and Cox, 20, King William Street, Strand, W.C.

ADVERTISEMENT SCALE.

	£	s.	d.
Half Title Page	1	10	0
Whole page, single insertion	3	0	0
Half-page, single insertion	1	10	0
" " three insertions, each	1	5	0
Quarter-page, single insertion	0	15	0
" " three insertions, each	0	12	0
One-eighth page, single insertion	0	7	0
Short Advertisements, not exceeding five lines	0	2	0
" " per line beyond	0	0	6
Advertisements of Assistants wanting situations, &c., three lines and under, single insertion 1s., three insertions	0	2	6

BRITISH MEDICAL ASSOCIATION,

CARDIFF MEETING, 1885.

FERRIS, BOORNE, TOWNSEND & BOUCHER,

WHOLESALE AND EXPORT DRUGGISTS,

AND

**SURGICAL INSTRUMENT MAKERS,
BRISTOL,**

Beg to call attention to their very complete Exhibit of

NEW DRUGS AND CHEMICALS, IMPROVED PHARMACEUTICAL PREPARATIONS, NEW
REMEDIES, SURGEONS' INSTRUMENTS AND HOSPITAL APPLIANCES.

A Detailed Catalogue of the Exhibit with Prices, and Notes on New and Improved
Remedies, may be obtained from the Attendant in Charge.

FERRIS & CO.'S COMPLETE PRICE LIST OF DRUGS AND INSTRUMENTS WITH
PHARMACOLOGICAL TABLE AND EXHAUSTIVE NOTES ON NEW REMEDIES FREE
ON APPLICATION.

**EVERY REQUISITE FOR THE HOSPITAL, DISPENSARY
OR SURGERY.**

TWO GOLD MEDALS, NEW ZEALAND INTERNATIONAL EXHIBITION, 1882.
GOLD MEDAL AND TWO SILVER MEDALS, CALCUTTA INTERNATIONAL
EXHIBITION, 1883—4.

Orders and all Communications should be addressed—

**FERRIS & COMPANY, WHOLESALE DRUGGISTS,
BRISTOL.**

Gold Medal specially awarded to Mackey, Mackey & Co. at the International Health Exhibition, 1884,
MEDALS—Cape Town, 1877; Brighton Health Exhibition, 1881; Cork Exhibition, 1883.

Highest award also given at the Exhibition of the Sanitary Institute of Great Britain at Dublin, 1884.

ANTISEPTICS, DISINFECTANTS AND DEODORISERS.

The adoption of Mackey, Mackey & Co.'s Disinfectants in the House of Lords, House of Commons, Government Offices, Sanitary Authorities and Public Institutions throughout the country testify to their excellence and superiority. Samples will be forwarded to Medical Officers of Health. **DESCRIPTIVE PRICE LISTS ON APPLICATION.**

The only Genuine QUINQUININE (Registered).

Extensively used in Hospital and Private practice.

"Birmingham, 18th April, 1881.—'Mackeys' Quinquinine is a good tonic and agrees with the stomach better than the old Sulphate of Quinine.—J. POSTGATE, F.R.C.S."

Mr. OLDFIELD writes from Bloemfontein, S. Africa:—"Please send me Mackeys' Quinquinine, it suits here better than Quinine."

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IMPORTANT NOTICE.

SUMMER VACATION.

IN response to the advice and wishes of several of our Local Secretaries and Contributors, we have decided to publish THE JOURNAL FORTNIGHTLY, instead of Weekly, during the LONG VACATION.

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27th May, 1885.

AN Examination of Candidates for Thirty Commissions in the Medical Staff of Her Majesty's Army will be held at the London University, Burlington Gardens, S.W. (by permission of the Senate) on the 10th August next, and following days, at 10 o'clock a.m.

Application for admission to the Examination should be made in writing, without delay, to the Director General, Medical Department, War Office, London, by whom a revised Schedule, containing further particulars, will be furnished.

(Signed) **T. CRAWFORD, M.D., Director General.**

The lists will close on Saturday, 1st. August, 1885.

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Notes by the May.

As I anticipated would be the case, the attendance at the Cardiff meeting of the British Medical Association is considerably smaller than is usual at these annual gatherings. On the first day of the meeting less than two hundred and fifty names were registered, which is about a hundred fewer than the average. The fine weather which favours the meeting will, however, induce a considerable number of local practitioners to come into Cardiff to participate in the festivities and excursions of the last two days of the week.

THE address of the President, Dr. W. T. Edwards, Physician to the Glamorgan and Monmouthshire Infirmary, was by no means an ambitious one, and although received kindly, failed to excite anything like enthusiasm. For the most part, it was made up of local references of an historical character, and a review of the rise and progress of the British Medical Association—a thrice-told tale. One reference was received with great satisfaction by the Welsh doctors present, viz., that in which Dr. Edwards announced the probable early founding of a medical school in connection with the University College of South Wales and Monmouthshire, in which the curriculum up to the second M.B. may be taken out. Such a school would, doubtless, be well supported, as at present there is no medical school in the Principality.

A CONSIDERABLE number of the members have brought ladies with them, but I cannot commend their wisdom in so doing. The ladies must find it exceedingly slow, waiting about the reception room and museum, whilst their husbands, brothers, or fathers, as the case may be, are listening to scientific discourses at the various meetings. If one is on pleasure bent, far better spend the money in visiting a watering place, or taking a tour through Wales, Devon and Cornwall, or other picturesque part of the country.

ON my way down to Cardiff, I stopped at Gloucester an hour or two to see the fine old cathedral, which has many features of great interest to antiquarians; but what interested me most was the beautifully-executed statue of Jenner, by R. W. Sievier, erected in memory of the discoverer of vaccination, in 1825. The only inscription on the monument is the simple name, "Jenner;" but to make any addition to this would only serve to deface the marble. Not far from Jenner's monument is another handsome one, erected to the memory of Charles Brandon Frye, F.R.S., who was surgeon to the Gloucester Infirmary some seventy or eighty years ago. The following inscription records a few of his many virtues:—"His extensive medical and anatomical knowledge, his eminent skill in the more hazardous operations of surgery, his attention and benevolence to the poor, his strict integrity and his genuine piety, founded on a belief in the truths of Christianity, gained him the general confidence

and respect of an extensive district, and induced his friends to erect this monument as a grateful tribute to his memory." Such pleasing testimonies of medical worth are very rare, and, when found, should be made a note of.

THE Editor of the *Lancet*, Dr. James Wakley, has sent the handsome sum of one thousand pounds to the Lord Mayor, in aid of the "Hospital Sunday Fund," in the hope that he will thus shame some of the City millionaires and capitalists into doing their duty towards the London medical charities, but in this I fear he will be disappointed.

THE late Premier having been suffering from a slight hoarseness, the *Lancet* improves the occasion by publishing one of those lovely little high-faluting articles for which that journal is so noted. Most irreverently, the *Evening Standard* thinks the whole thing a good joke, and makes fun both of patient and the great organ of medical opinion, in the following witty article, which I venture to reproduce:—"The *Lancet* declares Mr. Gladstone's voice a matter of such interest, both to our own and other nations, that there is nothing less than 'a public anxiety' about it. We feel inclined to quote the words attributed to Lady Fairfax, which broke the speech of Mr. President Bradshaw in Westminster Hall upon a notable occasion. Whilst deeply commiserating Mr. Gladstone as an individual, a very large proportion of those human beings who know anything about him are grateful for the 'brilliant flash of silence' which has prevailed of late. One Radical contemporary hopes that he will not be tempted to disregard the advice of his physicians, and interrupt the blessed calm which has prevailed of late. So do we. If it were not an impertinence to add our prayers to the weighty counsel of the *Lancet*, we would supplicate him to be guided by Sir Andrew Clark, and Dr. Felix Semon, 'whose special aptitude in such a matter all recognise,' rather than by admirers who show 'more wisdom than judgment.' Mr. Gladstone should ponder the argument advanced, that upon the 'integrity of his voice much may yet depend for the future dignity of political life and discussion in these realms.' He will not misunderstand the professional use of that word 'integrity.' It is neither Latin nor English, but medico-journalistic, and impressive accordingly. If our ex-Prime Minister has anything to say, he should write it. Lord Bacon declared that 'writing makes an exact man;' and it is just the quality of exactitude, in the sense understood at that day, which has hitherto been wanting in some measure to the flowing eloquence of Mr. Gladstone."

A LITTLE matter of business having called me to Plymouth, the "Capital of the West," recently, I took the opportunity of inspecting the new hospital erected in that town—at a cost of about £30,000—which I was enabled to do through the courtesy of the Junior House Surgeon, who was on duty at the time. The hospital consists of four blocks, and has fifteen lofty and well-ventilated wards, with accommodation for 124 patients; built on a well selected

Course.—Arising opposite the lower border of the subscapularis muscle, it passes backwards, accompanied by the circumflex veins and nerve, through the quadrilateral space, and round the neck of the humerus to the deltoid muscle and shoulder joint.

Anastomoses.—With anterior circumflex, suprascapular and acromial thoracic arteries.

Branches.—To deltoid muscle, shoulder joint, head of humerus, teres minor, long head of triceps, and the integument.

Note.—Sometimes this artery is a branch of the superior profunda of the brachial, in which case it ascends behind the tendon of the teres major, and does not pass through the quadrilateral space.

POSTERIOR THORACIC NERVE.

Origin.—By two roots from the fifth and sixth, and occasionally from the seventh, cervical nerves.

Course.—The two roots unite in the substance of the middle scalenus muscle, and, after emerging from it, the nerve passes down behind the brachial plexus and the axillary vessels, and on the outer surface of the serratus magnus as far as its lower border.

Branches.—It gives off numerous filaments to the serratus muscle.

Supplies.—Serratus magnus muscle.

Note.—This nerve is remarkable for its great length. It is also called the "long thoracic," and was named "external respiratory" by Bell.

DORSALIS SCAPULÆ ARTERY.

Origin.—A branch of subscapular artery.

Course.—It winds round the lower border of the subscapularis muscle, and disappears through a triangular space, bounded (as seen from the front) by the long head of the triceps, the teres major, and the subscapularis, to the dorsum of the scapula, where it is distributed.

Anastomoses.—With suprascapular and posterior scapular arteries.

Branches.—The *infrascapular*, which goes to the ventral surface of the scapula, and a branch which runs along the axillary border of the scapula between the teres major and minor to the dorsal surface.

Supplies.—Teres minor and infraspinatus muscles.

EXTERNAL ANTERIOR THORACIC NERVE.

Origin.—Outer cord of brachial plexus.

Course.—It passes inwards across the axillary artery and vein, and is distributed to the under surface of the pectoralis major.

Branches.—A communicating filament to the internal anterior thoracic nerve.

Supplies.—Pectoralis major muscle.

Note.—This nerve is larger than, and lies superficial to, the internal anterior thoracic nerve.

INTERNAL ANTERIOR THORACIC NERVE.

Origin.—Inner cord of brachial plexus.

Course.—It passes upwards between the axillary artery and vein (sometimes perforating the vein), and joins the filament from the external anterior thoracic.

Branches.—Branches are given off to the under surface of the pectoralis major and minor muscles.

Supplies.—Pectoralis major (partly; this muscle is also supplied by the external anterior thoracic nerve), and pectoralis minor muscles.

SUBSCAPULAR NERVES (3).

Origin.—Posterior cord of brachial plexus.

Course.—*Upper.*—This nerve, the smallest of the three, enters the upper part of the subscapularis muscle.

Lower.—Enters the axillary border of the subscapularis, and terminates in the teres major.

Long.—The largest of the three, descends along the lower border of the subscapularis as far as the lower border of the latissimus dorsi muscle, where it ends.

Supply.—Subscapularis, latissimus dorsi, teres major.

(To be continued.)

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, AUGUST 1, 1885.

EDITORIAL AND PERSONAL.

PRINCESS CHRISTIAN has consented to present certificates and medallions to the successful pupils of the City and Port of London District branch of the St. John's Ambulance Association, of which the Duke of Connaught, K.G., is president, and Mr. V. B. Kennett-Barrington is chairman, at the Guildhall, on Saturday, August 15, at half-past three p.m., when the Lord Mayor will preside. Nearly 1,000 persons of both sexes, including members of the Metropolitan Fire Brigade, City Police, Royal Fusiliers, professional and working men of all grades, and a large number of ladies, have attended these classes during the late session, and over 700 certificates have been awarded, the majority of which will be publicly presented on this occasion.

ALL the well wishers—and they are many—of the city of Dublin Hospital must and will very much regret that its usefulness is crippled, if not destroyed, by the unsatisfactory condition of its finance. This valuable institution has had for some time rather up-

hill work in meeting the demand made upon its limited resources, yet it has bravely battled on and continued to aid very materially in remitting suffering and allaying pain, but as the maxim, "Its a long lane has no turning," so with this Hospital, which has now arrived almost at its end, if something cannot be done by the charitable public to resuscitate it. A meeting of directors was held a few days ago to consider monetary details, and they had reluctantly to come to the decision of not for the future admitting any but the most serious cases; which they could not well turn from the doors of the institution. To add to the gravity of the situation, the hospital is indebted to the Munster bank (which has recently suspended payment), in an overdraft amounting to £1,200, which circumstances may at any moment result in an immediate demand for. These are the plain facts, and point out to a very unhealthy condition of affairs—a condition which calls for immediate attention on part of all who wish to see this institution preserving its status as a powerful engine of usefulness. The reputation of it has reached far and wide as a resort for the sick and afflicted members of our community. Its urgent claims should not now be rejected, and we fervently hope that a very liberal response will be made to the director's appeal, and that in the near future increased funds will allow of increased usefulness, in an institution so thoroughly deserving of hearty support.

THE medical man chemist in Port Glasgow has a poor field for the exercise of his professional skill. A drug business there, which has been in the hands of medical men for half a century, can be had at present for about £70. This includes presumably the medical practice.

It is reported that a firm of wine merchants in Leith have been caught by the Inland Revenue authorities. The firm could not account satisfactorily for the large quantities of methylated spirit, which they had purchased in gallon lots, and it is supposed that it had got mixed (accidentally or otherwise) with the national beverage.

DR. EDGAR FLINN, F.R.C.S., Surgeon to St. Michael's Hospital, Kingstown, has been appointed a Demonstrator of Anatomy to the Royal College of Surgeons, Ireland.

DR. BRADLEY was released last week from Leicester Gaol, where he was undergoing a sentence of two years imprisonment for an alleged criminal assault on a woman named Sweetmore, and returned to Chesterfield in the afternoon. He was met by his wife at Nottingham, and on passing through Brinnington, where he had established a good practice, a considerable number of people assembled to congratulate him, and the doctor was obliged to stop his cab in order to acknowledge the greetings.

A TELEGRAM from Athlone states that at Fardrum, near that town, a young woman has just recovered from a short but remarkable trance. Her friends, thinking her dead, had laid out the body, and owing

to the suddenness of the event communicated with the police, who wrote to the coroner for the purpose of holding an inquest. Subsequently, however, a friend of the family went to see the corpse, and expressed an opinion that the girl was not dead. He then lifted the body and shook it, and very shortly after signs of animation were observed. Gradually the young woman regained consciousness, and is rapidly recovering.

On Saturday afternoon, a new iron screw steam-vessel, built for the Port Sanitary Committee by Messrs. Edwards and Symes, was successfully launched at their works, North Greenwiche. The boat, which is 59 feet long and 11 feet beam, is arranged to accommodate the Medical Officer and Inspectors forward; and has a large cabin aft for the conveyance of sick persons to Hospital. She was built from the designs of Dr. Collingridge, the Medical Officer of the Port, and Mr. A. D. Lewis, Naval Architect.

THE House of Commons contains far too few representatives of the medical profession to permit our viewing with any but the most anxious feelings the possibility of any of them being placed permanently *hors de combat*. And it is with deep relief that we hail the comforting bulletins respecting Dr. Cameron's condition, after the recent accident which befel him. The distinguished member for Glasgow, while riding home from the House one evening lately, was thrown somewhat heavily, through the tripping of his horse; and the injuries thus caused were of so severe a nature that he has been temporarily incapacitated from attending to his Parliamentary duties, greatly to the regret of public and professional friends alike. Dr. Cameron is now, we are glad to announce, nearly convalescent again; and we heartily congratulate him thereupon.

A LAMENTABLE accident, resulting in the death of two patients, is reported from Paris, the scene of the misfortune being the St. Louis Hospital. Each of them, one suffering from Bright's disease, and the other from tuberculosis, were ordered a certain medicine, for which, by some inexplicable mistake, a rapid poison was substituted; and both patients are reported to have died instantly that they had taken the first dose. We are not informed what drug it was that produced such an unusual effect; and under the circumstances a little further information seems desirable. The medicines appear to have been dispensed by a pupil in the hospital pharmacy; and he was so overcome on hearing the consequences of his error, that, stricken with despair, he attempted to terminate his own existence, but was forcibly prevented from doing so. He is said to be a thoroughly competent apothecary, having no longer than three months ago passed a very creditable examination in pharmacy. Such mistakes are not entirely without parallel, even in this country.

THE draft scheme for reconstituting the University of London, to which we recently referred, was on Tuesday last introduced to Convocation by Lord Jus-

tice Fry; and, after some discussion, consideration of it was deferred until the next meeting in November.

There appears to have rapidly grown up a feeling favourable to the view, so often advocated in these columns, that students who succeed in passing the examinations required to obtain the diplomas of L.R.C.P., Lond., and M.R.C.S., Eng., should be entitled to be called and to call themselves "Doctors;" and the Joint Committee of the two Colleges appointed to consider the question have reported that there is every reason in justice for giving the right. This is as it should be, for the examinations for this double qualification are unquestionably superior to very many of those held at the Universities; the curriculum is in each case the same, that pursued in London being only more exacting in details; and since the requirement of residence is, except in the cases of Oxford and Dublin, merely nominal—for even Cambridge does not exact a degree in arts prior to the commencement of medical study—there is nothing left on which the Universities, with the exception named, can claim superiority for their degrees in medicine over the joint diplomas of the two Colleges. The tardy recognition of this fact is a sign of advancing appreciation of the immeasurable advantages the metropolis possesses as a field of clinical study; and the decision of the Colleges in London to maintain the privileges of their licentiates, and to make them not inferior to those enjoyed by provincial examinees, is a welcome indication that slow-moving justice is to be meted out to all deserving students. We hope to announce soon that the arrangements for granting the title are fully completed.

Medical News.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—At a meeting of the Board of Examiners, held in London under the provisions of the Pharmacy Acts, on July 8, 9, 10, 16, 16, and 17, the following passed as pharmaceutical chemists:—Walter James Baker, Thomas Dobb, Edward Henry Farr, Henry Richardson Hoyles, John Bats Nickolls, Robert James Shepherd. The following also passed as chemists and druggists:—H. W. Barford, F. W. Bassano, R. B. Beeby, L. H. Brown, T. A. Burgess, W. Carr, L. N. Corden, A. Craig, J. W. Deakin, F. J. Denham, S. F. Elmett, W. Farnsworth, C. H. Freke, R. Gardner, M. H. Griffith, J. W. Griffin, R. Hine, E. J. Hollifield, H. G. Hunt, J. R. Johnson, P. H. Jones, J. S. Kay, James Lees, A. W. Lewis, J. F. Liverseege, J. V. Llewellyn, H. Lyon, W. J. Maltby, G. F. J. Moore, R. Morgan, A. Moyse, J. Noble, R. Potts, R. Pyle, J. J. Ramsey, O. L. Ralling, A. F. P. Raddall, S. T. Rhoden, W. Richard, F. E. Rubbra, E. W. Smith, J. W. Smith, A. Shaw, C. M. Snow, J. E. Southon, J. O. Stead, G. H. Taylor, P. W. Taylor, S. E. Tench, J. Tirrell, E. Thomas, R. Thomas, F. C. Tull, G. Thompson, R. J. Wilson, A. L. Wood.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following having undergone the necessary examinations for the Diplomas, were admitted Members of the College at a meeting of the Court of Examiners on July 23rd, viz.:—Messrs. J. M. Clarke, M.B. Cantab., Bristol, St. Thomas's Hospital; H. A. Thomson, M.B. Edin., Edinburgh; R. Bowman, M.B. Edin., Edinburgh; C. L. Lightfoot, M.B. Edin., Newcastle-on-Tyne; Ernest Robertson, M.B. Edin., Auckland, New Zealand; W. E. Porter, M.B. Edin., Goolle, Yorks; F. W. Collinson, M.B. Edin., Edinburgh; Edwin L. Lees, M.B. Edin., Bristol;

J. L. Gibson, M.B. Edin., Brisbane, Queensland; J. C. Lammont, M.B. Edin., Edinburgh; A. H. Hughes, M.B. Edin., Corris, North Wales; J. Warnock, M.B. Edin., Melbourne, Victoria, of the Edinburgh University; Frederick Brentnall, L.K.Q.C.P.I., Manchester; H. Claxton Bowman, L.S.A., Woodley, near Stockport, of Manchester; J. W. Crowther, L.S.A., West Bromwich, of Birmingham; Harry Adcock, L.K.Q.C.P.I., Liverpool; Thomas M. Angier, L.S.A., Bootle, of the Liverpool Royal Infirmary; Frederick Proud, M.B. Durh., Bishop Auckland, Newcastle-on-Tyne Infirmary; George Parker, M.D. Cantab., Cambridge, Cambridge and St. Bartholomew's Hospital; Herbert Shackleton, L.K.Q.C.P.I., Bradford, of Leeds (Yorkshire College); and R. J. Reese, L.S.A., Edwards Place, W., St. Bartholomew's Hospital.

VACANCIES.—The following vacancies are announced:—Bristol Dispensary. Two Medical Practitioners. Applications to Mr. E. Stook, 57, Queen Square, Bristol, by August 6th.—City and County Lunatic Asylum, Stapleton, Bristol. Clinical Clerk. Applications to Dr. G. Thompson, Medical Superintendent.—Clonmel Lunatic Asylum. Assistant Medical Officer. Salary, £100 per annum, and £50 in lieu of rations. Candidates to be unmarried, and not over 32 years. Election on August 10th.—Cotton Hill Lunatic Hospital, Stafford. Assistant Medical Officer. Salary, £100 per annum. Applications by August 8th.—Croydon General Hospital. House-Surgeon. Salary, £100 per annum. Applications by August 7th.—Deaconesses' Institution and Hospital, The Green, Tottenham. House-Surgeon. Salary, £100 per annum. Applications to Dr. Laseyron, Tottenham, by August 1st.—Dental Hospital of London and London School of Dental Surgery, Leicester Square. Demonstrator of Non-Cohesive Fillings. Salary, £50 per annum. Applications by August 3rd.—Great Northern Central Hospital, Caledonian Road, N. Junior Resident Medical Officer. Applications by August 3rd.—Isle of Man General Hospital and Dispensary. House-Surgeon. Salary, £100 per annum. Applications to F. Brown, 46, Atholl Street, Douglas, by August 10th.—Lincoln County Hospital. House-Surgeon. Salary, £100 per annum. Applications by August 15th.—Manchester Royal Infirmary, Monsall Fever Hospital. Assistant Medical Officer. Salary, £50 per annum. Applications to the Chairman of the Medical Board.—Mason Science College, Birmingham. Demonstrator in Physiology. Applications by August 26th.—Netherfield Institution for Infectious Diseases, Liverpool. Resident Medical Officer. Salary, £80 per annum. Applications to R. Calder, Secretary, 4, Commercial Court, 17, Water Street, Liverpool, by August 1st.—Ramsgate and St. Lawrence Royal Dispensary and Seaman's Infirmary. Resident Medical Officer. Salary, £120 per annum. Applications by August 1st.—Staffordshire General Infirmary, Stafford. Assistant House-Surgeon and Secretary. Applications to F. Milnes, Blumer.

APPOINTMENTS.—Charles W. Biden, M.R.C.S. Eng., L.R.C.P. Lond., House-Surgeon to the Charing Cross Hospital.—H. Osborne Grenfell, L.S.A., House-Physician to the Charing Cross Hospital.—W. T. Wallington, L.S.A., House-Physician to the Charing Cross Hospital.

University, College, and Hospital Intelligence.

CARMICHAEL COLLEGE OF MEDICINE.

The following Scholarships and Prizes were awarded at the above College for the Session 1884-85:—Carmichael Scholarship—T. E. Dunne. Mayne Scholarship—E. Corcoran. *Class Prizes.* Surgery—J. A. Whitty, 72 per cent. Practice of Medicine—J. Toppin, 61½ per cent. Anatomy (First Year's Students)—O. D'Alton, 76½ per cent.; C. W. Healey, 74½ per cent.; L. H. Ford, 67½ per cent. Junior Class—G. J. Lough, 64 per cent.; J. Stewart, 43 per cent.; S. M. Cox, 39½ per cent. Senior Class—E. Corcoran, 91 per cent. Dissections (Junior Class)—T. E. Dunne, 81½ per cent.; G. J. Lough, 62½ per cent.; J. J. M'Waboe, 56½ per cent. Senior Class—A. Clutterbuck, 52½ per cent. Histology—S. M. Cox, 62 per cent.

cent.; B. Hunt, 62 per cent. Chemistry—J. J. M'Waboe, 71 per cent.; J. Behane, 77 per cent.; L. H. Ford, 74½ per cent.; C. W. Healey, 69½ per cent.; J. B. Spearing, 69½ per cent. Practical Chemistry—L. H. Ford, 87½ per cent.; E. La Roche, 84½ per cent. Materia Medica—J. R. Meek, 73 per cent. Medical Jurisprudence—W. Abernethy, 71 per cent. Botany and Zoology—A. Dowling, 68 per cent.

Examination Questions.

THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH, AND THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

(DOUBLE QUALIFICATION.)

FINAL EXAMINATION, JULY 16TH, 1885.

Practise of Medicine.—1. Describe the characters of the eruption in a case of herpes zoster. Give the common seats of the eruption, and the causes on which it may depend; the symptoms, prognosis, and treatment. 2. What are the common causes of dilatation of the right side of the heart? What bruit is developed as the result of such dilatation? Describe the effects produced upon the pulse and upon the general circulation. 3. Give the causes, symptoms, pathology, and treatment of simple perforating ulcer of the stomach. 4. Describe the specific characters of the cutaneous eruption in typhus, typhoid, measles, and scarlatina; and mention in each the day of the fever on which the eruption generally appears.

Surgery.—1. Mention the causes of fistula lachrymalis, and give the appropriate treatment in each condition. 2. Describe the pathology and symptoms of (a) fissure of anus; (b) fistula in ano; and (c) internal hæmorrhoids. Mention the treatment applicable to each. 3. Give the varieties of lupus, the pathology, symptoms, diagnosis, and treatment. 4. Give the varieties of whitlow. Describe amputation of the index finger at the metacarpa-phalangeal joint.

Surgical Anatomy.—1. Mention, in their order, the various coverings acquired by oblique inguinal hernia in its progress from the interior of the abdomen to the scrotum. 2. Describe the operation of œsophagotomy, and give the various structures in the order in which they are met with.

Medical Jurisprudence and Hygiene.—1. Mention the chief characteristic signs of death, specifying those which enable us to answer the question—When did death occur? 2. What are the negative and positive signs in a dead body which would enable you to certify that the person had been murdered a fortnight previously in the height of summer, and then thrown into the water? 3. Acute and chronic poisoning with mercury—mention the chief diagnostic signs, the post-mortem appearances, the treatment and steps of the analysis of the contents of the stomach. 4. What are the characters of a good water supply? What do you understand by the terms "hard and soft," as applied to water? How may hard water be rendered soft?

Materia Medica and Therapeutics, and Prescription-Writing.—1. Rhubarb. Give the botanical name and natural order of the plant. Mention the official preparations of the drug, and their doses. Describe the specific properties of rhubarb as a purgative. 2. Zinc. What preparations of this metal are employed in medicine. Give their doses, modes of administration, and therapeutic action. 3. Santonin. Give the name and characters of the plant, and name of its natural order. State the therapeutic use of the drug, its dose, and mode of administration. 4. Prescription. Write in unabbreviated Latin a prescription for a mixture containing acetate of lead.

Midwifery and Gynecology.—1. Describe carefully the treatment which may be required in a case of impacted cross-birth with special reference to the possible complications. 2. What are the causes of delay in the first stage of labour? and what treatment would you adopt in each condition? 3. What are the causes and signs of death of the fetus in utero? 4. What are the symptoms and treatment of infantile syphilis?

Athletics.

SHEFFIELD MEDICALS v. LEEDS MEDICALS.

This most enjoyable match was played on the ground of the latter, on Wednesday, the 22nd inst., and resulted in a draw in favour of the home team. Leeds won the toss, and elected to go in first. For the visitors, Boynton, Lee, and Benso batted well, making a grand stand against the bowling of Fearn and Brown; whilst Fearn, Robinson, and Travis batted remarkably well for Leeds. Barber, for Sheffield, did great execution with the leather. Fearn (Leeds) also bowled well. The stumps were drawn at 6.30. The players then adjourned to the Star and Garter Hotel, where a sumptuous repast was kindly provided by the Leeds Medicals. After dinner a very pleasant evening was spent. The courteous manner in which the Sheffield medicals were entertained by their Leeds friends will not soon be forgotten.

Leeds.	
Fearn, c Crookes, b Barber	28
Robinson, b Barber	29
Travis, b Barber	20
Schneihage, c Jowitt, b Lee	13
Rollinson, b Barber	0
Wood, b Lee	4
Brown, b Barber	2
Scott, run out	9
Norton, not out	5
Exley, c Cross, b Lee	5
Denietriadi, b Barber	0
Extras	4

Total - - - - 119

Sheffield.	
Cross, b Schneihage	5
Jowitt, c Travis, b Rollinson	8
Boynton-Lee (capt.), b Fearn	19
Benson, b Fearn	12
Naylor, b Fearn	0
Dodge, b Rollinson	0
Johnson, run out	6
Crookes, not out	2
Clapham, b Fearn	0
Barber, not out	1
Extras	21

Total - - - - 74

To bat, Parkinson.

Notices of Books.

THORBURN'S GYNÆCOLOGY.*

A most melancholy interest attaches to Dr. Thorburn's manual of gynecology, since the work was published on the very day that its gifted author departed this life, his early decease—he was but fifty-one years old—having in great part been hastened by his untiring devotion of himself to its preparation and revision, with consequent injury to health.

As a treatise on the special subject of diseases of women, the work must at once take a prominent position, possessing, as it does, more than any similar volume, the best practical features of the well-known American manual of Dr. Gaillard Thomas. Dr. Thorburn, however, has been no slavish imitator of any man's methods, but has striven successfully to incorporate all that is worthy of repetition from others, while preserving a characteristic originality in his treatment of even the most hacknied points of interest. The scope of the book is of necessity limited by its title, but to such extent as was warranted by the scheme set before himself, its author has not failed to give it so much of breadth and generalisation as will be found of the highest value in directing the reflections and proceedings of those who follow its instructions, and heed its directions.

* A Practical Treatise on the Diseases of Women, by John Thorburn, M.D., F.R.C.P., Professor of Obstetric Medicine, The Owens College, &c. London: Charles Griffin and Co.

The work consists of twenty-one chapters, and an appendix dealing with the symptoms and signs of pregnancy from the point of view of diagnosis and differentiation. The earlier chapters give directions for examining the female organs, and for recognising the diseases affecting those externally situated. Next, methods and means of treatment are considered; and then, in order, the diseases and disorders incident to women are discussed on an anatomical arrangement, ovariectomy and oophorectomy claiming and receiving a full share of attention.

With a very judicious exercise of the discretionary power resting in him as a gynecological writer, our author has wisely avoided giving space to discussions on personal or fashionable hobbies that exist in such profusion in this branch of practice; and the result is that he has given to the profession a treatise which fortunately lacks many characters that go to make other like productions far less useful as text-books than might otherwise have been the case. Throughout the whole work there is abundant evidence to show with what care and forethought the writer had framed his descriptions, with a view to helping the non-specialist reader to depend on himself for resources in treating the diseases so often encountered in general practice; and in this connection we can honestly assert our belief that no text-book of gynecology in the language is calculated to lend such assistance to medical men, in private professional work, as this manual of the late Professor Thorneburn. We would specially draw attention to the chapter dealing with the differential diagnosis of ovarious tumours, as one of the best modern examples of clear description and sound instruction on an admittedly difficult subject for exposition.

Correspondence.

THE USE OF BELLADONNA IN OPIUM POISONING.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—Will you kindly find room for a few remarks, in answer to the letter of "Modern View," upon this subject, which appeared in your journal of July 11th. I am said (in my article upon "The Essentials of Toxicology") to throw "cold water—and very icy-cold water, too," upon the utility of belladonna in opium poisoning. I consider that, from a student standpoint, and for examination purposes, I am perfectly justified in throwing cold water upon such a proceeding, and think I can hardly do better than quote from one of the very best of the modern works upon forensic medicine and toxicology,* viz., that of Dr. Meymott Tidy, and the late Dr. Bathurst Woodman, as follows:—"We caution the reader, however, against putting too much reliance on physiological antidotes, and especially upon results gathered from experiments on animals. It is difficult to poison a dog with arsenic, or a rabbit with belladonna. It is easy to poison a rabbit with arsenic, and a dog with belladonna, and a man with either one or the other. Belladonna has no action on the pupils of pigeons, nor are they influenced by morphia, stramonium, or hyoscyamus. Dogs will take atropine, and horses strychnine, in enormous doses. Some care, too, is needful before we conclude that a drug which, in one respect, seems antagonistic to another drug, is necessarily an antidote for it. This subject, however, is one, we consider, that at present, at any rate, rather belongs to the physiologist, than to the medical jurist; for the experiments have very little more than physiological interest. Because one thing contracts the pupil and another thing dilates it, it is folly to say that they are antagonistic drugs. And, even allowing such antagonism to exist, the balance between the two poisons is too fine to allow us to regard them as antidotes. Possibly, for example, atropine, in some fixed proportion, may be an antidote for morphia; but if you give too much, the patient may die from the poison given as an antidote. Under physiological antidotes, however, we may include the action of ammonia in poisoning by hydrocyanic acid, and strong coffee or tea in opium or belladonna, &c. And that these are useful there can be but little doubt."

"The assertion that opium was the chemical antidote for

the poison (belladonna) is scarcely borne out by experiments. Opium, it is true, produces contraction of the pupils, whilst Belladonna produces dilatation. But this is about the extent of their antagonism. As a *chemical antidote* it must not be trusted to, although there is no doubt it is useful in the stage of delirium."

I think, in the face of such authority as the above, it would scarcely be wise to include in a work principally intended for students, an assertion that opium was an absolute antidote in cases of belladonna poisoning, nor do I think that a member of any of the examining boards would accept such a statement from a candidate. If the exact amount to administer could be ascertained, it might be all very well, but as this is an absolute impossibility, all that remains to be said is *cui bono?*

I remain, &c.,

ARMAND SEMPLE,

B.A., M.B.Cantab., M.R.C.P.Lond.,

Late Senior Examiner in Art at Apothecaries Hall.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

MR. GAMGEE.—Your wishes shall be attended to. We are sorry the proof was not sent; the omission was due to a misunderstanding, and arose out of the flurry attending the demands made upon us owing to the universal desire on the part of our staff to be present at the Cardiff picnic. The editorial office is deserted on this account, and the duties of the "chair" consequently inefficiently performed. Accept our excuses.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. Murrell, London; Mr. John T. Rae, Hoxton; [Mr. Edmunds, Hull; Dr. Black, Glasgow; The Registrar General, London; Surgeon Commandant Cantlie, London; Mr. Neal Nelson, jun.; Mr. G. W. Crookes, Sheffield; Mr. Ernest Gamgee, Birmingham; Dr. Collingridge, London; Mr. Fingland, Liverpool; Mr. Ledlie, Newry.

BOOKS, &c., RECEIVED.—Diseases of the Kidneys, by Charles Henry Ralfe, M.A., M.D., &c. London: H. K. Lewis.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

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Answers to numbered Advertisements to be addressed, under cover, care of Baillière, Tindall, and Cox, 20, King William Street, Strand, W.C.

* Handy-Book of Forensic Medicine and Toxicology (Woodman and Tidy), pages 44 and 410.

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IMPORTANT CAUTION.

From Lord Chancellor SELBORNE, Vice-Chancellor Sir W. PAGE WOOD, and the LORDS JUSTICES OF APPEAL.

The extraordinary medical reports on the efficacy of Chlorodyne render it of vital importance that the public should obtain the genuine, which bears the words, "DR. J. COLLIS BROWNE'S CHLORODYNE" on the Government Stamp.

Vice-Chancellor Sir W. Page Wood stated that DR. J. COLLIS BROWNE was undoubtedly the inventor of Chlorodyne, that the whole story of the Defendant Freeman was deliberately untrue.

Lord-Chancellor Selborne and Lord Justice James stated that the Defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

It was proved in Court, on affidavit by Mrs. Forbes, of Paris, that the testimonial published in the *Times*, November 14th, 1865, speaking of the great efficacy of Chlorodyne in Cholera, referred to DR. J. COLLIS BROWNE'S Chlorodyne, and that she never used any other; and she had written to the Defendant Freeman to that effect, notwithstanding which notice the Defendant publishes the said testimonial as referring to his medicine.

The Editor of the *Medical Times*, in his report on Chlorodyne, January 13th, 1866, gives information that the Chlorodyne referred to was the medicine introduced by a retired Army Medical Officer, which was DR. J. COLLIS BROWNE; still this is published by the Defendant as testimony to his medicine.

Numerous affidavits from eminent Physicians and others were produced in Court, stating that DR. J. COLLIS BROWNE was the inventor of Chlorodyne, and that when prescribed they mean no other.

The Defendant himself publishes that his compound is, in effect and composition, quite different to any other preparation; nevertheless, he assumes the name, testimonials, &c., of Chlorodyne.

After these public statements in a Court of Equity, and subsequent confirmation by the Trade at large, no Chemist can conscientiously use or sell any other compound for Chlorodyne, without committing a breach of faith, unjust to patient and physician. The value of the remedy alone creates the great demand.

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IMPORTANT NOTICE.

SUMMER VACATION.

IN response to the advice and wishes of several of our Local Secretaries and Contri-
butors, we have decided to publish THE JOURNAL FORTNIGHTLY,
instead of Weekly, during the LONG VACATION.

The next number will be published on August 29th.

THE LONDON HOSPITAL AND MEDICAL COLLEGE.

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 Consulting Surgeons—Mr. Curling, F.R.S., Mr. Jonathan Hutchinson, F.R.S.
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 Assistant Physicians—Dr. Warner, Dr. Ralfe.
 Surgeons—Mr. Couper, Mr. Rivington, Mr. Waren Tay, Mr. McCarthy, Mr. Frederick Treves.
 Assistant Surgeons—Mr. Reeves, Mr. C. Mansoll Moulin, Mr. Hurry Fenwick, Mr. F. S. Eve.
 Obstetric Physician—Dr. Herman.
 Assistant Obstetric Physician—Dr. Lewers.
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 Physician to the Skin Department—Dr. Stephen Mackenzie.
 Aural Surgeons—Dr. Edwd. Woakes, Mr. T. Mark Hovel.
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As Emeritus Professor of Surgery, Mr. Hutchinson will give in the Winter and Summer Sessions short Courses of Lectures in Clinical Surgery, consisting of Six Lectures each. The Special Subjects and the dates will be announced in due course.

The SESSION 1885-86 will commence on Thursday, October 1, 1885. As the College will be in course of enlargement, there will be no Public Distribution of Prizes this year.

Fee for Lectures and Hospital Practice, 90 guineas in one sum, or 100 guineas by three instalments.

The Hospital contains nearly 800 beds. Number of in-patients during 1884 was 8,015, out-patients 64,958.

THE RESIDENT AND OTHER HOSPITAL APPOINTMENTS are free to full students. The Resident Appointments consist of five House-Physicians, five House-Surgeons, one Accoucheurship, and one Receiving Room Officer. Two Dressers and two Maternity Assistants also reside in the Hospital. The holders of all the Resident Appointments are provided with rooms and board entirely free of expense.

TWO ENTRANCE SCIENCE SCHOLARSHIPS, value £60 and £40, and Two Buxton Scholarships, value £30 and £20, will be offered for competition at the end of September to new students.

The Letheby Prize, value £30, for proficiency in Chemistry. A Scholarship, value £20, in Human Anatomy and Physiology, to first year's students.

A Scholarship, value £25, in Anatomy, Physiology, and Chemistry, to second year's students.

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LONDON HOSPITAL—continued.

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THE WINTER SESSION will open on Thursday, OCTOBER 1st, at 3 p.m., with an Introductory Address by Dr. J. K. Fowler, M.A., after which the Prizes awarded during the previous Winter and Summer Sessions will be distributed.

The ANNUAL DINNER of the past and present Students and their friends will take place the same evening at the Holborn Restaurant.

The Hospital contains 310 beds, and there are special departments for Cancer, Diseases of the Eye, Women, and Syphilis. In the new Out-patients' Department, in addition to Medical and Surgical cases, special days are devoted to Diseases of Children, the Throat and Ear, the Skin, and Cases requiring Electrical Treatment.

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Assistant-Physicians—Dr. J. K. Fowler, Dr. C. Y. Biss, Dr. J. J. Fringle.

Obstetric Physician—Dr. Arthur W. Edis.

Physician to the Skin Department—Dr. Robert Laving.

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Surgeons—Mr. Hulke, F.R.S., Mr. George Lawson, Mr. Henry Morris.

Assistant-Surgeons—Mr. Andrew Clark, Mr. A. Pearce Gould.

Ophthalmic Surgeon—Mr. William Lang.

Aural Surgeon—Mr. Arthur Hensman.

Consulting Dental Surgeons—Mr. Tomes, F.R.S., and Mr. Turner.

Dental Surgeon—Mr. Storer Bennett.

Assistant Dental Surgeon—Mr. Claude Rogers.

Other Lecturers—Mr. B. T. Lowne, Dr. Thorowgood, Mr. Foster, Mr. Henry Case, Mr. J. B. Sutton.

Two Entrance Scholarships, value £25 and £20 per annum respectively, and an Entrance Science Scholarship, value £50, will be competed for on September 20th, and following Days.

For further information and for a Prospectus, apply to the Dean, or the Resident Medical Officer at the Hospital.

PRIVATE TUTOR.

MR. JAS. W. SAUNDERS, D.S.G.S.T., &c.
 (from the Royal School of Mines), 6, Rochester Square, N.W. (close to Camden Road, N.L.R. Station), prepares Students for Examination in Anatomy, Physiology, Botany, Chemistry, Chemical Physics, Materia Medica, Pharmacy, Toxicology, &c. PERSONAL TEACHING; NO DEMONSTRATORS. Postal instruction, a speciality. Books unnecessary, notes sufficient. Preliminary candidates prepared. Small classes are held three times DAILY, at the Laboratory, close to Gower Street Station, to prepare for the PRIMARY L.B.O.P., M.B., L.S.A., &c. Note my Pass-List during past eight years. At the last Primary L.B.O.P., TWELVE presented, NINE passed, including three postal.

Notes by the Way.

LEST a charge of ingratitude be brought against me, I wish, before uttering the last word anent the Cardiff meeting of the British Medical Association, to bear testimony to the courtesy and kindness of the Local Committee, in doing all they could to promote the comfort and enjoyment of the visitors to the meeting. But the task they undertook was a very arduous one. To make a silk purse out of a sow's ear is an operation of some difficulty, and it would be just as easy a matter to make life at Cardiff tolerable for a whole week to the practitioner worn out with professional labours in the metropolis or large provincial cities. Still, it would be most ungracious were one not to admit that the Local Committee succeeded, to some extent, in promoting the enjoyment of those who could appreciate *soirées*, garden parties, and dances. Having admitted so much, I still contend that it is a mistake to hold the Association meetings in a third or fourth rate shipping and manufacturing town, almost destitute of local attractions, and without adequate hotel accommodation—that is, if the Council had any choice in the matter. It may have been, however, that the Association received no other invitation, and were thus compelled to make the best of Cardiff.

AFTER leaving Cardiff, I crossed over to Weston-super-Mare, which is less than an hour and a half's run by steamer across the Bristol Channel; and then, too late, I discovered that the best and most economical arrangement for enjoying the Association meeting would have been to have made Weston-super-Mare one's head-quarters, and have crossed to and from Cardiff, morning and evening, by steamboat. In this way one would have been able to attend all the ordinary meetings, and have had a pleasant sea trip twice a day; added to which, he could have enjoyed the attractions of one of the most fashionable sea-side resorts in the West of England. As to the economy of the arrangement, I may say that the hotel charges at Cardiff were nearly double those of Weston, whilst the return ticket by steamboat was only eighteen-pence.

ONE of the most satisfactory features of the Cardiff meeting was the initiation of a movement to raise a subscription in aid of Dr. Bradley, who has been ruined, and has suffered intense mental torture, through his imprisonment on the dreadful charge brought against him—as most believe, falsely—by one of his female patients. The meeting which was held in aid of this humane object was not as well attended as it should have been. About twenty or thirty members put in an appearance, these, for the most part, being residents in the Sheffield district; but the Council and other officials of the Association, who muster in such strong force at other meetings, were conveniently engaged elsewhere. Perhaps they guessed that the sympathy with Dr. Bradley would assume the practical form, and that the hat would be sent round. This was done, and subscriptions to the amount of about forty guineas

were announced; but it will be disgraceful if this sum is not largely augmented. Such a charge might be made against the most discreet of medical men at any time, and even if conviction did not follow, grievous pecuniary loss would inevitably result. I hope a sufficient sum will be raised to enable Dr. Bradley to make a fresh start in Australia or one of the Colonies. He deserves encouragement, for many a man would have put an end to his existence rather than face such a charge.

AMONG the subscribers to the Bradley Fund are Sir William Jenner, ten guineas; Mr. Lawson Tait, ten guineas; Mr. M. Buzzard, Q.C., who defended Dr. Bradley on his trial, ten guineas, and Dr. Jacob, of Dublin, three guineas.

SPEAKING of Dr. Jacob, I would offer my sympathy to that gentleman on the discreditable treatment he received from the Council of the Association when his motion was under discussion. The motion was as follows: "That it be an instruction to the Council, in view of the approaching general election, to take immediate and active steps to organise the political power of the Association; to ascertain definitely the views of Parliamentary candidates upon those questions in which the Association and the medical profession are specially interested; and, so far as may be possible, to influence the members of the Association to give their votes to those candidates whose views are ascertained to be consistent with the policy of the Association and the good of the profession." This appears to be a very harmless proposition, and one that would commend itself to the judgment of medical men generally; and the general sense of the meeting, only twenty-seven, all told, was so pronounced in its favour that the president, from the chair, stated that, as the opinion was apparently unanimous in its favour, he would put it to the vote without hearing any other speakers in its favour. But the president had not taken the occupants of the platform into consideration, for before he could take the vote the editor of the Association journal stood, and suggested that a resolution of such extreme gravity should not be passed except at a larger meeting. After which the President of the Medical Reform Committee opposed the proposition, and meantime most of the Council left the meeting in a body. It was then suggested that a quorum was not present, and on counting heads the president only found eighteen members present, or seven short the number requisite to form a quorum, and accordingly dissolved the meeting.

REFERRING to this strategical move, the *Medical Press* says: "The editor and his following have no doubt congratulated themselves on having, by this smart—but not very creditable—trick, defeated the intention of the members of the association, and prevented any inconvenient questions being asked of would-be M.P.'s as to their views on certain burning affairs, especially as to their alliance with the syphilis-propagation associations. But it will be as well to recollect that it is scarcely wise for them to display so publicly their disposition to maintain the

despotism of the *coterie* who now lead the association by the nose." The amusing part of the business, to an on-looker, is that those who are led in this manner flatter themselves that they are progressing independently, without any guidance, whether of a persuasive or coercive character.

ONE of the saddest events that has occurred in the medical world for some time is the suicide of Dr. Maurice James O'Connor, late Medical Officer of the St. George's-in-the-East Workhouse Infirmary. The cause of the doctor taking his own life is not quite clear, but it is certain that he was much excited concerning an official enquiry respecting some charges of a scandalous character against the matron of the institution. The doctor was one of the principal witnesses, but it does not appear that his character was implicated in any way. The day before he committed suicide he said, "I feel that my brain will not stand this trouble, but will give way," and from other remarks he made it would appear that he feared a conspiracy against him. After he had been examined before the Commissioner on the 3rd inst., he left the Board-room and went straight to his bedroom, and swallowed a considerable quantity of solution of strychnine, which killed him almost instantly. The doctor was sixty-two years of age, and before holding the appointment had practised in the neighbourhood for nearly twenty years.

THE outbreak of cholera in Spain and the South of Europe appears to be of a most virulent and malignant type. The proportion of deaths to attacks is most alarming, and shows that the local medical skill is quite unequal to the occasion. In fact, so unsuccessful are the doctors in Spain in treating the disease, that the lower classes refuse to take any medicine, and declare that the doctors only poison their patients. One effect of the epidemic gives great delight to the hotel proprietors in English watering-places, and that is the fear which the cholera inspires in those who usually spend their holidays on the Continent, in consequence of which all the more fashionable health and holiday resorts are crammed with visitors.

THERE are few persons who will be found to grumble with the clause in the new Criminal Law Amendment Act, which makes it a criminal offence to have carnal knowledge of a female, even with her consent, under sixteen years of age. This provision will, it may be presumed, have the happy effect of clearing the streets of our large cities of the hordes of filthy little prostitutes which are such a scandal to our boasted civilisation. Of course, in the case of husband and wife the Act will not apply. With the sanction of the Church, I believe, the English law will still permit carnal knowledge of a girl as soon as she has attained the age of twelve. This, in my opinion, is an anomaly which deserves the early attention of the Legislature. No English girl can be fit to become a wife and a mother at the age of twelve, and any one, clergyman, as well as parents, who assisted to promote the matrimonial alliance of a child of such

tender years should be severely punished. If the Law and the Church do not guard with the most profound sanctity the innocence of the child of twelve, is it not somewhat inconsistent to make the carnal knowledge of a female of fifteen years and, say, eleven months, out of wedlock, a penal offence? No marriage should be legal unless the girl is at least fourteen years of age, although on physiological grounds fifteen would be a far better age for the minimum. In Great Britain less than 50 per cent. of females reach the age of puberty at fifteen, and in many instances that condition is delayed beyond sixteen. How wrong then is it to force girls of twelve, thirteen, and fourteen to submit to the duties and responsibilities of marriage! Here then is a field calling for the attention of all humanitarians and legislators.

OLD Aberdonians will hear with great regret of the death of Dr. Nathaniel Cameron, who has succumbed to the deadly climate of South Africa. His career at the Aberdeen University was a very distinguished one, carrying off, as he did, the best prizes in arts and medicine, and graduating with the highest honours. For some time he was Assistant-Demonstrator of Anatomy in the University, and might have become permanently attached to the professional staff had he not, in 1878, elected to join the Army Medical Department. He was sent to the Sierra Leone station, where he died of fever on the 10th of last month.

PERIPATETICUS.

EXHIBITION OF SURGICAL INSTRUMENTS, NEW DRUGS, &c., AT THE CARDIFF MEETING OF THE BRITISH MEDICAL ASSOCIATION.

Among the attractions at the annual meetings of the Medical Association, not the least interesting is the museum in which, as a rule, are exhibited *inter alia* the surgical instruments and appliances, drugs, chemicals, pharmaceutical preparations and foods which have been invented or introduced to professional notice during the preceding twelve months. This, we take it, was the original object aimed at in establishing the "Museum," but unfortunately the Exhibition has been allowed to degenerate into what may be more properly termed a bazaar, where all kinds of articles used in the profession of medicine, old as well as new, are permitted to be sold. We are aware that a regulation exists that "the medical, surgical, and scientific instruments and sanitary appliances must be genuine novelties or improvements on those in common use," but this rule, for several years past, appears to have been more honoured in the breach than in the observance. The result has been that several of the leading houses decline altogether to have anything to do with the "museum," and consequently we miss the names of several well-known firms from the list of exhibitors. This is a matter which deserves and should receive the attention of the Museum Committee, if there is such a body, before the next annual meeting. To use the annual gathering for the purpose of giving an opportunity to pushing tradesmen to sell their wares is derogatory to the Association,

and should be discouraged to the utmost, if the Museum is ever to be worthy of the name.

Another matter which deserves greater attention is as to the *locale* of the Museum. At Cardiff, unfortunately, there was no room, in the building in which the association meetings were held, suitable for the Museum, and a hall situated in another part of the town had to be requisitioned for the purpose. As might have been expected, the members had some difficulty in finding their way to the Museum, and, we believe, only a small proportion visited the building. Several of the exhibitors expressed great dissatisfaction to our representative with the arrangements, and were particularly disappointed at the very small number of members who put in an appearance. We would suggest that at future meetings the "Museum" should be abandoned, unless a room in the same building as that in which the meetings are held, or immediately contiguous thereto, can be obtained for displaying the exhibits. Far better to have no museum than encourage exhibitors to incur the great expense associated with a display of this kind, and then to find that their time, trouble and money have been almost thrown away.

As a general exhibition of surgical instruments, drugs, sanitary appliances, &c., putting aside for the moment the question of novelty, the museum was a highly creditable one, and could compare favourably with those of former meetings, and, as we have hinted above, deserved a far larger share of attention. Among the exhibits the stalls of Messrs. Arnold and Son; Down Bros.; Ferris and Co. (Bristol); Allen and Hanbury; Savory and Moore; Richardson and Co. (Leicester); Burroughs, Wellcome and Co.; Weiss and Sons, and Ingram and Royle appeared to attract most attention. Of some of the exhibits it may be of interest to give a little more detail:—

ARNOLD & SONS (London).—This old-established firm had a large and handsome display of surgical instruments of all kinds, special prominence being given to those of the most modern type used in obstetrical and gynaecological practice, all of which were of that superior finish for which this firm has gained such a high reputation. Among the novelties exhibited by this firm were (1) Gresswell's ingenious tracheotomy tube, which is fitted with a cap for application over the opening of the tube as soon as obstruction to supra-tracheal respiration no longer exists, and (2) Graham's glycerine-pad pessary, which is intended to supersede Greenhalgh's air-pad pessary. Its special merit is that the padded end being filled with glycerine, always remains soft, and yet offers sufficient resistance to render the instrument effective.

DOWN BROTHERS (London).—This well-known firm of surgical instrument makers, successors to Millikin, St. Thomas's-street, Borough, exhibited a large assortment of surgical instruments, among which we noticed several novelties, including Mr. Brindley James's Percusso-Punctator, which was fully described in the HOSPITAL GAZETTE of July 25th; a new polypus snare, invented by Mr. Golding Bird, of Guy's Hospital; Professor Gutch's combined Tongue Depressor and gag, by the use of which operations in the pharynx can be performed

with the greatest facility; Mr. Clement Lucas's new forceps for removing foreign bodies from the larynx; Down's new Osteotome, as used at St. Thomas's and the Devon and Exeter Hospital; Dr. Galabin's short speculum for digital examination of the os uteri; a most ingenious and efficient circular saw, invented by Mr. Down, for cutting plaster splints and jackets; and a *multum-in-parvo* case of dental instruments, as arranged by Mr. Pedley, Dental Surgeon to Guy's Hospital.

FERRIS, BOORNE, TOWNSEND & BOUCHER (Bristol).—This enterprising firm had a very large exhibit of surgical instruments, new drugs and pharmaceutical preparations. To mention by name all the novelties exhibited by them would occupy a considerable amount of space, we must, therefore, be content to refer to a few only. As a marvel of cheapness, Ferris & Co.'s Compact Aspirator, complete in case, at a cost of thirty-six shillings, which may be carried in the pocket, excels anything of the kind we have seen. The aspirator is an invaluable instrument, and should be found in every surgery. Among the other new surgical instruments were Dr. J. G. Swayne's modification of Dr. Bucks's dilator for the cervix uteri; Hick's patent hypodermic syringe for ensuring greater accuracy in administering subcutaneous remedies; a very ingenious little instrument for clearing the trachea in membranous croup, invented by Dr. Paul Bush; hypodermic syringe within an aluminium case, with compartment for discs, which may be worn attached to watch chain; vulcanite stethoscope with D-shaped ear-piece, which covers the outer ear completely, and so shuts off all sounds except those transmitted through the instrument; and their "Perfect" Clinical Thermometer, with magnifying index and Kew corrections etched on stem. In addition to surgical instruments this firm also exhibited a large collection of drugs and pharmaceutical preparations, including codeia jelly for allaying the irritable cough of phthisis, fluid extracts of uniform strength, anodyne amyl colloid, and their antiseptic thymol soap.

ALLEN & HANBURY.—This eminent firm's exhibit was in every way worthy of advanced British Pharmacy, and altogether formed a large display of the specialities which have made this firm's name a household word in the medical world. Among other novelties they exhibited a new preparation of malt in a liquid form, to which they have given the name "Bynin." This preparation is very palatable, and contains all the valuable properties of malt extract, which it bids fair to supersede. We are putting this preparation to a practical test, and hope to report upon it further at an early date. Their malted cocoa and malted chocolate paste are, although not altogether new, worthy of mention, as their value as foods for the debilitated and dyspeptic are now becoming generally recognised. They are combinations of Fry's pure cocoa extract and paste chocolate, with Allen and Hanbury's concentrated malt extract. A recent introduction is the Malted Farinaceous Food, a carefully cooked wheat flour, rich in gluten, to which is added the active and nutritive constituents of pure malt in a soluble form,

forming a partially predigested food of great value for delicate children and invalids. They also exhibited a good selection of their "Standard" hypodermic solutions, which are warranted to resist decomposition and retain their colour for an almost indefinite period. Another beautiful preparation worthy of notice is their "Standard" Liquid Extract of Cinchona, which is so prepared as to preserve all the alkaloids of the bark, and is perfectly miscible with water without precipitation. Medical men who are not yet familiar with Messrs. Allen and Hanbury's malted preparations or tasteless cod liver and castor oils would do well to write for samples, which we believe are supplied to the profession free of cost.

RICHARDSON & Co. (Leicester) had an exceedingly well-arranged and effective exhibit of their medical specialties, including a large assortment of beautifully prepared suppositories, medicated pessaries and bougies, and coated pills, for the manufacture of which this firm has gained no less than seven prize medals, and, what is of more value, a world-wide celebrity; oleates of the metals prepared according to the directions of Dr. Shoemaker of Philadelphia; peptocolos, a compound pepsine wine, combining pepsine, pancreatic, diastase, lactic acid, &c.; the concentrated fluid extracts of the U.S. Pharmacopœia, and "Anapnine," an igneous cone for producing fumes to be inhaled in bronchial affections, asthma, &c.

HEARON, SQUIRE & FRANCIS (London).—This old-established firm of manufacturing chemists exhibited a small selection of their specialties including a number of granular effervescing preparations, in the manufacture of which this firm has devoted a vast amount of attention, and which are certain to become very popular, as they form a most convenient and palatable method of administering some of the more potent drugs. In this form can now be exhibited citrate of caffeine, oxalate of cerium, salicylate of soda, salicylate of quinine, citrate of lithia, and citrate of bismuth and iron. This firm has recently taken up the manufacture of medicated biscuits, and exhibited three kinds prepared from formulæ supplied by Mr. Haslam, M.R.C.S. No. 1 contains ten grains of charcoal and ten of bismuth; No. 2 contains two grains of phosphate of iron, and two grains of triphosphate of lime; and No. 3 contains two grains of oxalate of cerium. They are said to be very beneficial in cases where the use of these drugs is indicated. No doubt the makers would send samples free of cost to any medical man desirous of giving them a trial. Among other preparations, their Ess. pro mist. ferri co., and oleate powdered zinc, are worthy of notice.

INGRAM AND ROYLE, who have depôts in London, Liverpool, and Bristol, and are sole agents in the United Kingdom for several of the most popular natural mineral waters, exhibited samples of the famous Vichy and other waters—including "Celestins," used in gout, rheumatism, and kidney diseases; "Grande-Grille," much used in disorders of the liver; "Hôpital," for stomach derangements; and "Hauterive," a most agreeable table water, which is strongly impregnated with natural carbonic

acid. The natural Lithia water, recently introduced by the firm, deserves special notice. It is bottled at the Buffalo springs of Virginia, and has gained a wonderful reputation in the United States as a remedy in Bright's disease, gout, stone, &c. In order to give medical men an opportunity of testing this water, Messrs. Ingram and Royle will send a bottle of this water free of charge to any one on the *Medical Register*. Although not strictly medicinal in its properties, the profession appeared to take greatest interest in the "Lemon Squash" exhibited by this firm; and the attendant in charge must have had his patience sorely tried, during the hot weather which prevailed on the Tuesday and Wednesday, in supplying the demands of an almost constant succession of visitors, who appeared to be deeply interested in the merits of this cooling and refreshing beverage.

(To be continued.)

HOSPITAL SUNDAY FUND.

The awards to the various hospitals and dispensaries of this year's "Hospital Sunday Fund" were made on the 31st ult. The total sum distributed to 101 hospitals and 53 dispensaries was £32,084. The following are the principal awards:—

GENERAL HOSPITALS.—Charing Cross, £766 13s. 4d.; French, £191 13s.; German, £670 16s. 8d.; Great Northern Central, £287 10s.; King's College, £1,150; London, £2,875; Metropolitan Free, £200 0s. 10d.; North-West London, £134 3s. 4d.; Poplar, £263 10s. 10d.; Royal Free, £814 11s. 8d.; St. George's, £1,725; SS. John and Elizabeth, £134 3s. 4d.; St. Mary's, £1,389 11s. 8d.; Seamen's, £575; The Middlesex, £1,725; Tottenham Training Hospital, £239 11s. 8d.; University College, £1,293 15s.; West London, £392 18s. 4d.; Westminster, £862 10s.

CHEST HOSPITALS.—City of London Hospital for diseases of the chest, £775 16s. 8d.; Hospital for Consumption, (Brompton), £1,533 6s. 8d.; North London Consumption Hospital, £201 5s.; Royal Hospital for Diseases of the Chest (City-road), £162 18s. 4d.; Royal National Hospital for Consumption (Ventnor), £239 11s. 8d.

CHILDREN'S HOSPITALS.—Alexandra, £153 6s. 3d.; Belgrave, £124 11s. 8d.; Cheyne Hospital for Incurable Children, £115; East London, £488 15s.; Evelina, £431 5s.; Home for Incurable Children £67 1s. 8d.; Home for Sick Children and South London Dispensary for Women, £105 8s. 4d.; Hospital for Sick Children, £670 16s. 8d.; North Eastern, £325 16s. 8d.; Paddington-green Hospital for Sick Children, £201 5s.; Victoria, £335 8s. 4d.; The Vine, £23 19s. 2d.

LYING-IN HOSPITALS.—British, £38 6s. 8d.; City of London, £67 1s. 8d.; General, York-road, £115; Queen Charlotte's £191 13s. 4d.

HOSPITAL FOR WOMEN.—Chelsea Hospital for Women, £76 13s. 4d.; Hospital for Women, £392 18s. 4d.; Grosvenor Hospital for Women and Children, £71 17s. 6d.; New Hospital for Women, £124 11s. 8d.; Royal Hospital for Diseases of Children and Women, £162 18s. 4d.; Samaritan Free, £412 1s. 8d.

OTHER SPECIAL HOSPITALS.—Cancer (Brompton) £95 16s. 8d.; St. Saviour's (for Cancer), £76 13s. 4d.; London Fever, £575; St. Mark's (Fistula), £124 11s. 8d.; National (for Diseases of the Heart), £129 7s. 6d.; Female Lock, £239 11s. 8d.; Male Lock, £81 9s. 2d.; Hospital for Epilepsy, Paralysis, and other Diseases of the Nervous System, £71 17s. 6d.; National, for the Paralyzed and Epileptic, £182 1s. 8d.; Central London Ophthalmic, £45 0s. 10d.; Royal London Ophthalmic, £431 5s. 0d.; Royal South London Ophthalmic, £78 11s. 8d.; Royal Westminster Ophthalmic, £100 12s. 6d.; Western Ophthalmic, £23 19s. 2d.; City Orthopedic, £43 2s. 6d.; National Orthopedic, £33 10s. 10d.; Royal Orthopedic, £47 18s. 4d.; Hospital for Skin Diseases, £28 15s.; St. Johns (for Skin Diseases), £86 5s.; Central London Throat and Ear, £38 15s.; London Homœopathic, £138 19s. 2d.; London Temperance, £244 7s. 6d.; The Dental, £68 0s. 10d.; National Dental, £14 7s. 6d.

Examination Questions.

APOTHECARIES' HALL.

The written questions set at the Primary Examination on Wednesday, July 1, 1885, were of the following character.—
Anatomy and Physiology.—1. Describe the structures entering into the formation of the eyelids. 2. Describe the vascular and nervous supply of the eyeball extrinsic and intrinsic. 3. Describe the structure and functions of the various tissues found in the spinal cord. 4. Describe the circulation in the kidney, and point out the special function of each part of this organ.

Chemistry.—1. Describe the chief laws governing the diffusion of gases. 2. What are the alkaline earths; how would you distinguish between their salts. 3. Describe the method of preparation of bromine and iodine, and enumerate the salts of these bodies used in medicine. 4. Describe the method of making chloroform, and give the formulae of the changes that take place.

Materia Medica and Botany.—1. Describe opium and point out the various impurities which may be present in it, and their method of detection. 2. What are the official cinchona barks; name their preparations in the B.P.? 3. Enumerate the drugs under the order umbelliferae. 4. What are the essential differences between dicotyledons and monocotyledons? Give examples in the B. P. of each. 5. Describe the following structures—spathe, capsule, tuber, corm, petiole, stipule, bract.

The test solutions given in the practical chemistry were magnesie sulphas and argenti nitras.

The *Viva Voce*, on Thursday, July 2nd, included questions on the following:—

Histology.—Bone (transverse section), frog's corpuscles, liver sections and lung sections. Wood, hemlock, aconite, delphinium staphisagria, digitalis, eobalium (all fresh specimens) bael fruit, nux vomica, colchicum corm. Prescriptions. How to make the green extracts. To enumerate them. In what tinctures ether is used, and in what extracts.

Physiology.—Functions of the posterior and anterior portions of cord; the divisions of the cord. Re-action of blood and urine. Why is the urine acid, if the blood is alkaline. Composition of bile; chief ingredients of saliva. Muscles of mastication. How far the masticatory act is voluntary, and how far involuntary. What is bread composed of? Action of gastric juice upon gluten and starch. Anatomy of the base of skull. Shown the arch of the aorta; to spot vessels. Thyroid gland, function and distribution of sciatic nerve; bones of the foot.

The written questions set at the examination for the Diploma on Wednesday, July 1, 1885, were of the following character:—

Medicine.—1. Give the symptoms, physical signs and treatment of aortic stenosis. 2. Give the differential diagnosis between hemiplegia, when due to embolism and when to hemorrhage. 3. Give the symptoms, post-mortem appearances and treatment of interstitial nephritis. How are the organs affected, as the result of this affection. 4. Give the date and appearance, the character of the eruption, and where first seen, of the following fevers:—Typhus, typhoid, scarlatina, measles, and variola.

Midwifery.—1. What are the different causes of retained placenta? How would you treat each? 2. What are the causes of abortion? What treatment would you adopt (a) in the hope of saving the child (b) if there were profuse hemorrhage? 3. What are the symptoms and diagnostic signs of carcinoma uteri? What form attacks the uterus. 4. Give in detail the dietary you would advise for bringing up a child by hand until it was 18 months old?

Pathology.—1. Give the macroscopical and microscopical appearances of the carcinomata. 2. Describe the different lesions of the circulatory system which may give rise to hemorrhage.

Therapeutics.—Give the mode of action and therapeutic uses of aconite and digitalis.

Forensic Medicine.—1. What are the usual symptoms of poisoning by "Monkshead"? Under what circumstances does such poisoning usually occur, and what steps would you take in proceeding to investigate such a case. 2. Death from starvation; describe the post mortem appearances to be expected in (a) the body generally, (b) the intestinal canal. 3. Describe

the post mortem appearances observed in death by hanging. Mention the facts which must be taken into consideration in deciding in such a case, whether the act was suicidal or not. 4. What are the antidotes for carbolic acid, oxalic acid, corrosive sublimate, and tartar emetic, respectively? Give the tests for aqueous solutions of the two latter.

The *Viva Voce* on Thursday, July 2nd, included questions on the following:—

Medicine.—Diseases of circulatory system that may give rise to hemorrhage? In what constitutional diseases may you get hemorrhages? Typhoid fever: blood-vomiting in cirrhosis of liver.

Forensic Medicine and Toxicology.—Phosphorus poisoning, treatment. Atropia poisoning, how to get the poison from the stomach. Antidotes to most of the alkaloids: Antidote to oxalic acid, corrosive sublimate, antimony. Symptoms of death by suffocation. What is the duty of a medical man if called to a patient he suspects of being chronically poisoned.

Pathology.—Symptoms of cirrhosis of the liver. Physical signs of mitral murmur. Presystolic and systolic murmurs: congestion of the liver.

Microscope.—Cystine, cholesterine, uric acid crystals. Sections of interstitial nephritis.

Midwifery.—Postpartum hemorrhage, forceps, funis presentation, ergot, indications for using, when and when not: Is eclampsia ever produced by congestion of the brain. Breech presentation.

Case. 1. A small aneurism of the aorta; 2. mitral regurgitation.

The written Questions set at the Examination for the Diploma, on Wednesday, July 8, 1885, were of the following character:—

Medicine.—1. What are the varieties of hæmaturia? State their significance, and the treatment of each. 2. Describe a typical case of measles, giving the prophylactic hygienic and medicinal treatment. 3. What are the causes, symptoms, and treatment of obstructive jaundice? 4. What are the causes, symptoms, diagnosis, and treatment of empyema?

Pathology.—1. Contrast typhoid and tubercular ulcer of the intestine. 4. What is the pathology of osteitis deformans?

Therapeutics.—Give the various methods of treatment for rheumatic fever, and the reasons for each.

Forensic Medicine and Toxicology.—1. What are the duties of a medical man, (a) in an epidemic of typhoid fever; (b) in determining the causes of this outbreak, and in applying remedial measures for the same? 2. What are the signs of recent delivery? 3. What are the symptoms and treatment of belladonna poisoning? 4. How do you detect opium and corrosive sublimate in the contents of the stomach?

The *Viva Voce*, on Thursday, July 9th, included questions on the following:—

Toxicology.—March's apparatus. Post mortem ecchymosis, Criminal abortion at three months, and woman died; how make post mortem, and what look for? (*Corpus luteum*.)

Pathology.—Cirrhotic liver. Liver cells. Cirrhotic kidney. Sclerosis.

Microscope: Urates. Phosphates (Stellar), Cholesterine.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

EXAMINATION FOR THE LICENCE (FIRST PART) JULY, 1885.

Materia Medica, Medical Botany, and Pharmacy.—(Examiners, Fred T. Roberts, M.D., B.Sc.; T. Lander Brunton, M.D., F.R.S.; William Murrell, M.D., F.R.C.P.; Fred Taylor, M.D., F.R.C.P.)—1. What forms of carbonate of lime are used in medicine? How are they prepared? What are their official preparations? What are their effects when administered internally or applied locally? 2. What drugs are derived from the natural orders Ranunculaceæ, Liliaceæ, Rosaceæ, and Convolvulaceæ? State what parts of the plant are official, and what active principles they contain. 3. Give the mode of preparation, chemical composition, physical and chemical characters, and general effects upon the system of Perchloride of Mercury, Arseniate of Iron, and Bromide of Potassium. 4. Give an account of Colchicum, including its source, the parts used, its official preparations, and its general effects upon the system. 5. Give an account of Ether, including its mode of preparation, physical and chemical properties, and general effects upon the system. 6. State the different modes in which the Official Extracts are prepared, and give examples of each.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, AUGUST 15, 1885.

EDITORIAL AND PERSONAL.

WE sincerely hope that Dr. Sheen's mind will be considerably relieved by the publication, in our correspondence columns to-day, of his ebullition of well-assumed indignation; but we think he will see that he has permitted his cholera to get the better of his good sense, and, whilst thanking him for the expression of his opinion as to the good taste of our critical remarks on the Association, beg to assure him we value it as coming from him, but are quite prepared to defend all we have said. We are pleased to hear authoritatively that the Cardiff meeting has been a success, and, to a certain extent, we are happy in being able to agree with him. But the attendance was very meagre as compared with other recent meetings, and, with two or three exceptions, the "leaders of the profession" were conspicuous by their absence. True, two senior members of the surgical staff of University College Hospital put in an appearance, but the senior staff of the other Metropolitan Hospitals, were practically unrepresented. At the same time, we were pleased to recognise several members of the junior staff of the Metropolitan hospitals, who are coming to the front, and who are destined to occupy positions of prominence in the profession. As to the dinner arrangements, we will refer Dr. Sheen to the plan of the room and tables which was on view in the hall, and he will observe that *all* the seats at the table at the top of the dining-room, and the best positions at the other tables were "reserved" (written in red ink) before the members generally had a chance of choosing their positions; but, as some twenty or thirty of the favoured individuals did not put in an appearance, their "reserved" seats were going a-begging a few hours before the banquet took place. We are glad to recognise the courtesy of the Cardiff Reception Committee, of which members of our staff had pleasing personal experience, and, as far as our information goes, the excursion arrangements were of a very satisfactory character. But we can assure Dr. Sheen that such consideration as his committee manifested towards the members of the Association, as regards the excursion arrangements, has not been the universal rule at these annual gatherings; and it is in the hope that we may assist in discouraging anything approaching to neglect of visitors to the Association meetings, that we have ventured to criticise and advise.

It is with a feeling of genuine satisfaction that we note the daily increasing evidence of a reaction from the recent attitude assumed by many people towards those who are responsible for the filthy publications that have conferred unenviable notoriety on a once respectable journal. Foremost among the repentants is His Grace the Archbishop of Canterbury; the countenance he undoubtedly *did* give to the publication in question lent it an importance it would not otherwise possess, and thereby influenced many thousands to abstain from immediate outspoken condemnation of the horrible sin against public morality connected with its appearance. It is only right, therefore, that he should be first to acknowledge the irreparable mischief arising from his action, and repudiate any and every sort of sympathy with a movement which has resulted in the production of incalculable harm to the community. It matters little now whether other members of the Committee of Enquiry do or do not follow the example set by its chief member; more to the point is it to note how every influential journal is awakening to the frightful injury that has been done by floating such a mass of obscenity on to the streets; and most suggestive of all is the fact that in Berlin those papers which have sought to imitate the catch-penny principle of the *Pall Mall Gazette*, by reproducing the indecent articles from it, have promptly been confiscated by the authorities. It will be a lasting disgrace to the Government of this country that no steps were taken by it to prevent the outrage perpetrated by the proprietors of the *Gazette*, while there was yet time to limit its effects.

OUR contemporary, the *Echo*, which, with ourselves, protested against the indecency from the very first, thus sensibly comments on the Archbishop's tardy withdrawal:—"Dr. Benson attempts to justify his action in joining the so-called Commission at the Mansion House, on the ground that when the editor of the *Pall Mall Gazette* was charged with presenting to the public statements which had little or no foundation in fact, he felt it impossible in common fairness to refuse the appeal to examine the facts on which the allegations were based. We are not aware that anybody whose opinion was worth having denied that there was truth in the so-called revelations of the *Pall Mall Gazette*. As a matter of fact, the substantial truth of these obscene compilations had been discovered years ago. We have it all in the report of the Lords' Committee of 1882. What was denied was the right of a newspaper to publish such information, and to press it upon the attention of young and old alike. As to the truth or falsity of the charges, the verdict of the Mansion House Committee was worthless. As has been well said, 'No serious evidence can have been put before them. What went by the name was a mass of loose statements, hearsay stories, and more or less fictitious autobiographies, gathered in the first place from the most ignorant or the basest of the human race, and then cooked into the meanest literary shape by screaming fanatics.' What was done was to make it appear to the public that the Archbishop of Canterbury, and other men of character and station, ap-

proved of the action of the *Pall Mall Gazette*, and by this means thousands of well-meaning persons were induced to join the agitation. We can only hope that the Archbishop's tardy and halting disclaimer will lead them to reconsider their position."

WHAT gladsome feelings must thrill the breasts of true reformers as, day by day, they read the evidence afforded by newspapers to the effect that magistrates and judges are at last awakened to a sense of their duty as punishers of crime, and are abashing evil doers by the vigorous sentences they pronounce. Now, indeed, is the spirit of righteous vengeance abroad; no longer is cowardly outrage allowed to pass without the law's heavy hand being placed on the offender; and even the ruffian who first knocks his wife insensible with his fists, and then pounds her to a jelly with his iron-shod feet, is not uncommonly punished with imprisonment for a week, or possibly, if the woman dies or is disabled for life, a month of hard labour may be meted out to him. When, however, it is a case of real outrageous wrongdoing that is adjudicated on, in place of playful evidence of a superior spirit and strength, such, for instance, as the theft of a turnip or a flower, then indeed the culprit, usually aged from four to ten, is made to cower before the law in all its majesty, and terms of imprisonment varying from three to twelve months are what he has to expect. Under such a condition of things it is no wonder we are so rapidly hastening to a state of absolutely perfect civilisation; and it is a spirit of curiosity as to the course of this admirable prospect that has led us to these remarks. It is not, however, in country districts alone that justice is thus evenly dispensed. The Metropolis also possesses magistrates, fortunately, able to discern the depth of crime under all disguises, and who punish it accordingly. Who, for example, can fail to admire at once the logic and the admirable sense of proportion between degree of evil and its proper punishment, recently exhibited by the presiding luminary of Bow Street Police Court? The case in question was one in which a drunken ornament of the Church was proved to have seriously assaulted a married woman in the street, and no doubt was expressed concerning either the reality or the seriousness of the offence. The Magistrate (Mr. Vaughan) had, consequently, ample cause for dilating on the nature of the case; and proceeded to attribute the commission of the act to drunkenness—which, however, did not, he said, in any way excuse it. Having thus shown that no merciful feeling towards the reverend prisoner could be expected from him on any account, Mr. Vaughan declined to send the man to prison—probably because this mode of punishment is reserved for light and airy occasions, and that in question demanded a more rigorous chastisement—and inflicted a *fine* of £4. Is it any wonder that offences against the person are so rare in this country?

Something very like a scare has been created in the hospitals by the wholesale manner in which the Court of Examiners of the Royal College of Surgeons of England have been exercising their

privileges during their last merry meeting. Rejections have been the order of the day, and rejections distributed in the usual impartial manner peculiar to "college" examiners, so that the good, bad, and indifferent, are freely sorted together, both in the class of those who *have* and who *have not* "satisfied," &c. To begin with, the paper was of the most extraordinary nature, those who set it having been, apparently, quite dazed by the number of men who had entered for the July examination; and, in a fit of temporary distraction, they appear to have searched the books for "something hard." Certainly they succeeded only too well, and produced a set of questions which a Hutchinson or a Gross might answer in a fairly full manner during thirty-two hours hard writing. No one else could possibly do the paper justice in less than a week, and hence it is not by any means surprising that sixty per cent. of those who tried the impossible are numbered among the ploughed. It would be interesting to know how many out of the total number of candidates got three marks out of the ten allowed for the paper, and then to compare this figure with that representing the number of unsuccessful applicants for the diploma.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Admitted Members on July 30th, 1885:—J. Anderson, M.D. St. Andrews, 105, Gloucester Place, W.; R. H. Fox, M.D. Brussels, 43, Finsbury Circus, E.C.; W. D. Haliburton, M.D. Lond., 135, Gower Street, W.C.; A. Shadwell, M.D. Ox., Brighton; St. C. Thomson, M.B. Lond., 18, Gloucester Walk, W.; L. O. Woolbridge, M.B. Lond., Guy's Hospital, S.E. Admitted Licentiates on July 30th, 1885:—J. H. B. Allan, M.D. McGill, 56, Gore Road, E.; T. M. Angior, Bootle, Liverpool; H. W. Austin, Stoke, Devonport; W. J. T. Barker, General Hospital, Bristol; G. Bent, 96, Charlwood Street, S.W.; A. A. Brockat, St. Thomas's Hospital, S.E.; A. D. Chapple, Leigham Court Road, S.W.; T. H. Chittenden, Whitwall, Welling; F. C. Clarkson, Grove Road, Surbiton; F. J. Clendinnen, 32, Calthorpe Street, W.C.; J. S. Curgenven, 12, Craven Hill Gardens, W.; T. A. Dagg, 36, Granville Square, W.O.; W. F. Dearden, Portland House, Bolton; W. H. Dodd, Sirhowy, Tredegar; E. W. Du Buisson, 46, Nelson Square, S.E.; J. M. Evans, 89, Turner Street, E.; A. G. R. Foulerton, 16, Norland Square, W.; J. H. Gough, St. Mary's Hospital, Manchester; D. Gow, M.D. Toronto, 7, Nicholas Street, E.; W. Habgood, Wimborne; H. G. S. Hore, Guy's Hospital, S.E.; A. W. Hutton, Royal Infirmary, Manchester; Habeeb Jabboor, London Hospital, E.; Hanna Jabboor, London Hospital, E.; T. B. Jacobson, Gny's Hospital, S.E.; J. Jarvis, Bury St. Edmunds; A. Jervis, St. George's Hospital, S.W.; P. A. Lloyd, Manor House, St. Mark's Road, W.; G. W. A. Lynch, 48, Minford Gardens, W.; W. H. B. Moore, 5, St. Paul's Road, N.W.; J. Oliver, 259, Friern Road, S.E.; A. T. O'Reilly, 24, Huntley Street, W.O.; H. O. Parsons, Hampton Wick; F. A. Pring, 47, Endell Street, W.C.; J. J. G. Pritchard, Ferndale, St. John's Park, S.E.; H. E. Rayner, 33, Great Charlotte Street, S.E.; T. Rushbrooke, 22, Rutland Street, N.W.; G. Schofield, Guy's Hospital, S.E.; H. W. Shadwell, 167, Hammersmith Grove, W.; G. F. Smith, 11, St. Anne's Terrace, N.W.; J. Smith, 29, Cassland Road, E.; W. O. Steinthal, 7, Rudall Crescent, N.W.; T. H. Sykes, Southport; J. P. Wagstaff, 61, Acre Lane, S.W.; H. S. Walker, Elms, Wakefield; J. Welpton, 81, St. Mark's Road, Leeds; F. F. White, 35, Sussex Gardens, W.; D. F. Whiteley, 29, Great Percy Street, W.C.; O. Williams, 99, Gower Street, W.C.; E. L. Williams, 2, James Street, Buckingham Gate, S.W.; A. Wilson, 131, Raiton Road, S.E.; G. J. Woutersz, 1, Rankellor Street, Edinburgh.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The Examinations for the triple qualification of these bodies in Edinburgh were held in July, with the following results:—*First Examination*.—C. E. Dew, Weston-super-Mare; H. A. Becker, Cape Colony; O. S. Fisher, Stroud, Gloucestershire; G. J. Scantlebury, Victoria, Australia; J. C. Steedman, Stirling; J. Brown, Karsfair; D. McArthur, Clifton; J. Adams, Melbourne; G. W. Anderson, Arbroath; W. W. Clegg, Halifax; J. D. Dale, Shrewsbury; A. Duncanson, Stirling; R. J. Courtenay, Sheerness; J. Chadwick, Burnley; J. A. Greigh, Edinburgh; C. Hicks, Bedfordshire; F. E. Hodder, Cork; T. H. Jones, Llwynygroes; H. E. Mahonie, Sheffield; T. McGubbin, Kirkintilloch; D. S. Moncrieff, Dalkaith; J. W. Lindsay, London; H. Mathias, Maryport; J. McDiarmid, Argyllshire; H. N. Robson, Durham; J. L. Owen, Anglesea; R. G. Naylor, Calcutta; R. J. Pirie, Dundee; A. Ramage, Kilmarnock; E. D. Wellburn, Scarborough; H. Thomson, Belfast; R. A. St. Leger, South Africa; and J. Thomson, Glasgow. *Second Examination*.—W. W. Clegg, Halifax; T. K. J. Fulton, Pondicherry; E. T. Hawkesworth, Cork; E. Hilliard, Tralee; R. J. Courtenay, Sheerness; J. G. Mackintosh, Edinburgh; A. A. Martin, Blairgowrie; T. L. Jones, Wales; R. Markland, Upholland, Wigan; J. J. McEniry, County Waterford; G. H. Rutter, Kent; W. M. Mackay, Caithness; T. W. Stewart, Annapore, Madras; S. Rumbold, Cambridge; F. M. Sykes, Manchester; H. W. Bryant, Melbourne; H. G. Helbers, Brighton; A. B. Frost, Wolverhampton; C. E. Dew, Weston-super-Mare; J. S. Fallon, London; O. S. Fisher, Stroud, Gloucestershire; T. H. Jones, Llwynygroes; D. McArthur, Clifton; E. Harkness, Maryborough, Victoria; G. J. Scantlebury, Victoria; E. D. Wellburn, Scarborough; and T. Thompson, Lueker Vicarage. *Third Examination*, and admitted L.R.C.P. Edinburgh, L.R.C.S. Edinburgh, and L.F.P. & S. Glasgow.—J. Anderson, Chelmsford; J. Donaldson, County Cork; J. H. Drake, Bucks; J. Doyle, Manchester; J. S. Fallon, London; O. S. Fisher, Stroud; A. B. Frost, Wolverhampton; F. A. Faria, India; A. Morley, Leeds; M. Mackenzie, Kilmore; J. Nesbitt, Belfast; O. J. McGrath, Cork; J. McKenzie, Canada; V. J. Pinto, India; H. de C. Woodcock, Sheffield; and R. S. Wadsworth, County Fermanagh.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practice, on Thursday, July 16th, 1885:—Henry Percival George Elkington, M.R.C.S., 52, Gillingham Street, S.W.; Frank Woods, M.R.C.S., 1, Fennel Street, Warrington. On the same day the following gentleman passed his Examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise, namely:—Charles Jenner Parson, Godalming, Surrey. The following gentlemen passed on Thursday, July 23rd, 1885:—Alexander Louis Achard, M.R.C.S., 33, Bonham Road, Brixton Rise; Hugh Exton, Bloemfontein, South Africa. On the same day, the following gentlemen passed their Examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, namely:—Herbert Bertram Cavell, 21, Brook Street, Grosvenor Square, W.; Arthur Deaker Owen, Dart View, Totnes; George Richard Radmore, 47, Tonaley Hill, Wandsworth; Frederick Sloman, Farnham. The following gentlemen passed on Thursday, July 30th, 1885:—Josiah Biddow, M.R.C.S., Upper Clapton; Percy Reeves Traer Harris, Bethune Road, Amhurst Park, N.; Charles Gower Lermitt, Sheen Park, Richmond; John McLeachlan, M.B. and C.M. Edin., Lothian Street, Edinburgh; Edward Thornton, M.R.C.S., Shrewsbury. On the same day, the following gentleman passed his Examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise, namely:—Francis William Jollye, Spalding.

VACANCIES.—The following vacancies are announced:—Hospital for Consumption and Diseases of the Chest. Resident Clinical Assistant. Applications by August 15th.—Lincoln County Hospital. House-Surgeon. Salary, £100 per annum. Applications by August 15th.—Manchester Royal Infirmary, Monsall Fever Hospital. Assistant Medical Officer. Salary, £50 per annum. Applications to the Chairman of the Medical Board.—Mason Science College, Birmingham. Demonstrator in Physiology. Applications by August 26th.—North-Eastern Hospital for Children, Hackney Road, E.

Physician. Applications by August 31st.—Reeth Union, North Riding of Yorkshire. Poor-Law Medical Officer, Muker District, and Medical Officer of Health for the whole Union. Applications by August 19th.—Royal Berks Hospital, Reading. House-Surgeon. Salary, £90 per annum. Applications by August 15th.—Salisbury Infirmary. House-Surgeon. Salary, £100 per annum. Applications by August 21st.—Staffordshire General Infirmary, Stafford. Assistant House-Surgeon and Secretary. Applications to F. Milnes Blumer. St. Bartholomew's Hospital, Chatham. Assistant House-Surgeon. Salary, £100 per annum. Applications by September 19th.

APPOINTMENTS.—William Dyson, B.A., M.D. Lond., Physician to the Sheffield General Infirmary.—Walter H. Haw, M.R.C.S. Eng., L.S.A., Resident Obstetric Officer to the Charing Cross Hospital.—F. R. Heycock, M.D., M.C., F.R.C.S. Edin., Honorary Surgeon to St. Peter's Hospital for Stone.—John Hervey Jones, M.B., M.R.C.S., House-Surgeon to the Clinical Hospital for Women and Children, Park Place, Manchester.—Murray MacLaren, B.A., M.B.C.M. Edin., and M.R.C.S. Eng., House-Surgeon to the Bootle Borough Hospital, Liverpool.—James R. Philips, L.K.Q.C.P.I., L.F.P.S., Assistant Medical Officer to the Hartlepool Friendly Societies' Medical Association.—F. Osmund Stedman, M.R.C.S. Eng., L.S.A., House-Surgeon to the Charing Cross Hospital.—W. F. Teevan, F.R.C.S., Consulting Surgeon to St. Peter's Hospital for Stone.

LONDON UNIVERSITY INTERMEDIATE EXAMINATION IN MEDICINE.—*Pass List—Entire Examination—First Division*.—J. H. Abram, University College, Liverpool; E. O. Ashe, London; B. Ashworth, B.Sc., Owens; M. Bannister, Owens; G. Black, Guy's; E. H. Brook, Guy's; R. J. Carter, King's; W. S. Colman, University of Edinburgh and University; S. B. Cook, St. Thomas's; H. E. Crook, Guy's; C. P. Crouch, St. Bartholomew's; H. E. Cuff, Guy's; H. P. Dean, B.Sc., University; E. Deaneely, University; H. Duncan, St. Thomas's; F. Fawcett, St. Thomas's; T. Fisher, Guy's; G. T. Gifford, King's; T. C. Gilchrist, Owens; C. W. Jecks, University; H. Johnson, St. Bartholomew's; A. A. Kanthack, B.A., University College, Liverpool; G. H. Lang, University; M. P. Ledward, Owen's; W. J. Mailliard, Guy's; Hyde Marriott, B.Sc., University; W. P. May, B.Sc., University; B. Meland, Owens; A. A. Mumford, Owens; G. H. O'Reilly, King's; E. B. Randall, University; G. E. Rennie, B.A., Sydney, University College; J. L. Roberts, B.A., B.Sc., Guy's; H. K. Roper, Guy's; E. A. Sadler, Queen's and Mason Colleges, Birmingham; H. A. Sansom, St. Thomas's; R. A. Sawyer, Guy's; A. Scott, Guy's; W. A. Slater, B.Sc., Guy's; G. B. Smith, Guy's; R. V. Solly, St. Thomas's; E. H. Starling, Guy's; W. P. Stocks, Owens; H. Symonds, St. Bartholomew's; F. H. Taylor, London; A. H. Tubby, Guy's; J. O. Tunstall, University; J. Wilkie, St. Bartholomew's; and W. G. Williams, St. Bartholomew's. *Second Division*.—A. Baxendell, Owens, St. Mary's; J. T. Bays, St. Mary's; L. T. F. Bryett, King's; S. Bueno de Mesquita, Guy's; J. J. Buist, St. Bartholomew's; C. O. B. Burt, Westminster; J. T. Calvert, St. Thomas's; H. E. L. Canney, University; H. A. W. Coryn, Charing-cross; R. F. Gill, University; W. T. Grenfell, London; N. C. Haring, Owens; E. B. Hastings, University; A. E. Henley, King's; H. T. Kensall, London; I. M. Macdonald, London School of Medicine for Women; L. W. D. Mair, St. Bartholomew's; E. Moss, Guy's; H. A. L. Pope, King's; P. N. Randall, Guy's; J. J. Redfern, Queen's College, Belfast; B. Belton, St. Thomas's; J. C. Rossall, St. Mary's; C. F. Routh, Guy's; F. P. Sarjant, Guy's; E. H. Snel, Queen's and Mason Colleges, Birmingham; T. M. Stiles, Bristol Medical School; S. A. Tidey, St. Mary's; H. E. Vincent, Guy's; H. P. Ward, King's; H. Webb, London School of Medicine for Women and Royal Free Hospital; J. P. Williams, Owens; and M. G. Yunge-Bateman, Guy's. *Excluding Physiology—First Division*.—C. F. M. Althorp, Leeds School of Medicine; A. E. Gilles, Owens; J. E. Gould, University; F. Harris, London School of Medicine for Women; B. G. A. Moynihan, Leeds School of Medicine; J. A. Shaw, University; C. P. Spink, Leeds School of Medicine; F. A. Spreat, St. Bartholomew's; W. E. Tresidder, Guy's; J. W. Winterburn, St. Thomas's. *Second Division*.—F. W. Abbott, Charing-cross; G. Barlow, Owens; R. O. Bowman, Owens; and A. T. Brown, Guy's. *Physiology only—Second Division*.—

W. H. Kelson, London; C. P. Oliver, Charing-cross; W. N. Risdon, Guy's; and A. H. L. Stewart, St. Mary's.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGE OF PHYSICIANS OF LONDON AND THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.—(Third or Final Examination, July, 1885.—*Pass List. Medicine*.—W. R. Baker, St. George's; E. Deane, Guy's; R. Hodgson, St. Bartholomew's; B. S. Lawson, Middlesex; F. J. Morgan, Westminster; J. Oliver, St. Bartholomew's; J. Smith, Edinburgh; O. J. Tabor, Middlesex; S. Wachter, Guy's; D. F. Whiteley, St. Bartholomew's; T. H. Williams, Middlesex. *Surgery*.—J. A. Bralton, King's; C. T. T. Comber, St. Bartholomew's; C. Ewart, St. George's; J. Jarvis, St. Thomas's; B. S. Lawson, Middlesex; J. Oliver, St. Bartholomew's; J. Smith, Edinburgh; S. Wachter, Guy's; P. D. Wheeler, Madras and St. Thomas's; D. F. Whiteley, St. Bartholomew's. *Midwifery*.—W. R. Baker, St. George's; E. Deane, Guy's; R. Hodgson, St. Bartholomew's; J. Oliver, St. Bartholomew's; J. Smith, Edinburgh; C. J. Tabor, Middlesex; D. F. Whiteley and T. H. Williams, St. Bartholomew's.

First Examination, July, 1885.—PASS LIST.—PART I.—F. C. Abbott, St. Thomas's; H. B. Adams, University College; E. J. Appleton, Charing Cross; A. E. Baker, Charing Cross; E. G. Baker, University College; H. S. Ballance, King's College; *S. H. Bankes-Price, Middlesex; J. H. Barker, Manchester; J. Hampden Barker, Manchester; T. B. Beach, King's College; P. T. Beale, King's College; F. Bell, St. Bartholomew's; †C. E. W. Bennett, Middlesex; C. H. W. Bennett, St. Bartholomew's; L. H. Bennett, Oxford; H. A. Berryman, St. Bartholomew's; F. B. Betts, Westminster; *F. W. Beville, St. Thomas's; *S. E. Blake, London; H. B. Bolus, Guy's; A. Boulton, Charing Cross; R. A. Bremner, Guy's; J. E. Briscoe, Leeds; *C. W. Brislley, St. Thomas's; E. M. R. Bryant, St. Bartholomew's; E. G. Carpenter, St. Bartholomew's; G. N. P. Carrell, Guy's; *H. J. Carstairs, St. Thomas's; †H. T. Challis, London; J. T. Clapham, St. Bartholomew's; †B. R. Clarke, University College; †N. B. Clowee, Guy's; †W. H. Coates, London; G. Colborne, St. Mary's; F. A. E. Colby, St. Bartholomew's; *P. Coleman, St. Thomas's; B. W. Conway, Manchester; H. G. G. Cook, St. Bartholomew's; *C. E. Cornwall, St. Bartholomew's; *R. W. Council, Bristol; T. P. Cowen, St. Thomas's; A. Crick, Westminster; L. Cutler, St. George's; *W. P. T. Daniel, St. Mary's; †G. Darter, St. Thomas; S. Davey, London; H. Davis, University College; †B. H. Deare, Middlesex; J. H. Drysdale, St. Bartholomew's; G. J. Dudley, Birmingham; †F. Dugon, Guy's; P. J. Duncan, Charing Cross; O. Eaton, Manchester; E. A. Edleston, St. Bartholomew's; †F. Faichnie, University College; N. Faichnie, University College; E. A. Falkner, Middlesex; *W. J. Foster, St. Mary's; *H. Fowler, Manchester; †F. H. Francis, Guy's; E. E. Frossard, King's College; A. Gale, University College; †A. C. Gaakin, Birmingham; H. Gervis, St. Thomas's; C. Gibbs, St. Bartholomew's; †W. Gibson, Guy's; *G. V. M. Gideon, St. Mary's; C. B. Gratte, Bristol; R. T. Gravely, St. Mary's; †A. Green, St. George's; *A. Greenwood, Private; J. T. Grey, Bristol; J. F. Gummow, Charing Cross; *F. W. Gunn, King's College; †W. Halley, Charing Cross; J. Halliwell, Manchester; T. R. Hamlen, Middlesex; *A. G. Haydon, St. Bartholomew's; J. A. Hayward, St. Bartholomew's; C. J. Heaton, St. George's; A. Heginbotham, St. Bartholomew's; C. H. Hemming, Private; *W. Henvey, St. Mary's; C. H. Herbert, St. Bartholomew's; C. W. Hewlett, Guy's; A. M. Hickley, St. Mary's; O. E. Higgins, St. Mary's; J. W. Higginson, University College; H. Hill, Bristol; †W. Horsfield, Manchester; J. E. F. Hosking, Guy's; C. L. Howe, Middlesex; J. C. Hoyle, St. Bartholomew's; E. B. Hulbert, University College; G. H. Humphreys, St. Bartholomew's; *R. J. Hutchinson, London; C. E. Hutt, St. Bartholomew's; J. A. Hutton, Middlesex; †A. T. Iloit, Charing Cross; †B. F. F. Jackson, Charing Cross; †F. Jaffray, St. George's; L. N. Jekyll, London; R. Johnson, University College; A. W. L. Jones, St. Bartholomew's; W. E. Jones, Middlesex; A. G. Keeling, St. Thomas's; P. J. Kingston, St. Mary's; F. W. Lewitt, St. Mary's; F. T. Long, St. Bartholomew's; W. H. Lord, London; †G. McGregor, Guy's; *A. C. Major, London; P. O. Manning, Guy's; *F. R. S. Milton, St. Thomas's; H. F. Mole, Bristol; †V. G. Molteno, St. Bartholomew's; R. Moore, Birmingham; S. W. Morgan, Bristol; *C. H. D. Morland, King's College;

G. Morris, St. Bartholomew's; H. G. Morris, Middlesex; †R. H. Norgate, Bristol; C. Ogle, St. George's; J. G. Ogle, St. Bartholomew's; B. C. Oldham, St. Bartholomew's; H. O. H. Parham, Charing Cross; †I. N. Paris, University College; *R. E. F. Pearce, St. Bartholomew's; *H. L. Penny, London; R. Pickard, St. Bartholomew's; J. R. Plant, Westminster; K. W. Poole, London; †A. R. Poulter, St. Bartholomew's; H. K. Ramsden, Manchester; †H. W. K. Read, London; J. L. Redfern, University College; *A. E. Reynolds, University College; †E. J. Reynolds, London; *H. W. Reynolds, St. Bartholomew's; C. H. Roberts, St. Bartholomew's; E. A. Roberts, St. Thomas's; W. E. Roth, St. Thomas's; P. Rowan, Manchester; R. G. W. St. Cedd, Guy's; *G. Severs, St. Mary's; J. C. Shaw, St. Bartholomew's; D. C. Simmonds, St. Thomas's; H. E. Skyrme, London; J. W. Smith, Manchester; C. Spurrell, Guy's; *W. D. Spurrell, Guy's; E. A. Steadman, St. Thomas's; W. W. Stocker, St. Mary's; *C. P. M. Swales, St. Bartholomew's; *T. W. Swales, Leeds; H. A. Sylvester, St. Bartholomew's; F. W. Watts Thelwell, Liverpool; *R. L. Thomas, University College; †W. Thomas, London; H. G. Turney, St. Thomas; T. Watts, Manchester; G. E. Weary, St. Thomas's; A. Webster, University College; *P. L. Webster, King's College; †J. H. Wilkinson, Birmingham; *S. D. Willard, St. Bartholomew's; W. G. Willoughby, St. Bartholomew's; A. M. Wilson, St. Thomas's; C. Wilson, London; J. A. T. Woodgate, Middlesex; †D. D. Wright, University College.

* Passed in Chemistry and Chemical Physics.

† Passed in Materia Medica, Medical Botany, and Pharmacy.

PASS LIST.—PART II.—H. Andrew, St. Thomas's; M. I. Baker, St. George's; S. H. Banks-Price, Middlesex; †J. H. Barker, Manchester; J. H. Barker, Manchester; A. Blomfield, London; †A. Coulton, Charing Cross; E. Chambers, St. Thomas's; J. Clough, Leeds; B. W. Conway, Manchester; L. Cooper, University College; W. J. Covey, University College; *W. P. T. Daniel, St. Mary's; †J. F. Dawson, St. Bartholomew's; †A. Downes, Bristol; W. Fincham, St. Thomas's; H. Fowler, Manchester; A. C. Gaakin, Birmingham; F. W. Gattey, King's College; G. H. Grace, Bristol; C. Gwyn, Charing Cross; J. Halliwell, Manchester; C. J. Heaton, St. George's; J. G. Henniker, St. George's; W. Hirst, Leeds; T. C. Holford, London; R. H. E. G. Holt, Birmingham; W. Horsfield, Manchester; *C. G. Hoysted, Charing Cross; R. Johnson, University College; H. L. A. Keller, St. Thomas's; C. R. Lane, St. Thomas's; A. L. Manley, Guy's; H. M. Manley, Guy's; C. R. Maartin, St. George's; †S. L. Martin, London; R. C. Middlemist, London; H. F. Mole, Bristol; W. R. Naylor, Leeds; W. E. Powles, London; H. K. Ramsden, Manchester; G. L. H. Revill, Charing Cross; *S. W. Rhodes, Leeds; O. F. Rowley, Leeds; H. A. Rudyard, University College; G. V. F. Scovell, St. Thomas's; †J. R. Spenaley, London; E. R. W. Spratley, Liverpool; F. H. Squire, London; *A. B. S. Stewart, Leeds; A. Sykes, Leeds; F. W. W. Thelwell, Liverpool; B. L. Thomas, University College; H. O. Titterton, Birmingham; O. A. P. Truman, St. George's; H. G. Turney, St. Thomas's; H. J. Van Leent, Guy's; J. H. P. Vivian, St. Thomas's; T. Watts, Manchester; †F. H. Westmacott, Manchester; C. H. White, Middlesex; W. White, Middlesex; E. McKenzie Williams, University College; T. F. Woodhead, University College.

† Passed in Elementary Physiology only.

* Passed in Elementary Anatomy only.

Correspondence.

THE HOXTON FREE LIBRARY.

To the Editor of THE HOSPITAL GAZETTE.

DEAR SIR,—The General Committee of the Gospel Temperance Movement, whose permanent Mission has been carried on in Hoxton hall since 1878, desire to take advantage of the accommodation afforded by their office premises at the above

addresses, to establish a Free Circulating Library for the benefit of the inhabitants of the surrounding densely populated district.

I am directed to beg your kind co-operation in this effort, which my Committee feel sure will meet with the approbation of all who are anxious to secure the elevation of the masses of the people.

Your readers' contribution of money for the purchase of books will be much esteemed by the Committee, who will also be glad to receive a donation of suitable works, either by an order upon a bookseller or in a parcel directed to

JOHN T. RAE,
General Secretary.

134, Hoxton Street, London, N.

July, 1885.

P.S.—As it is desired to open the Library about the middle of September, a reply during the next fortnight will greatly oblige.

FREE HOSPITAL AND DISPENSARY LECTURES

To the Poorer Classes of all Cities and Towns, upon General Medical Domestic Treatment of Ordinary Diseases and Ailments, upon Domestic Medicines, and upon Surgical Treatment.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—A vast amount of the mortality, physical suffering, and misery, amongst the lower classes of society, solely arises from helpless ignorance. These lectures, by imparting invaluable information and advice (especially to mothers, who should be half doctors) would, in a great measure, remove and thus diminish these deadly evils.

I am, Sir,

Your obedient servant,
AUGUSTUS J. HARVEY.

12, Landridge Road, Fulham,
10th August, 1885.

THE MEETING OF THE BRITISH MEDICAL ASSOCIATION AT CARDIFF.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—The splenetic and spiteful articles which appear in your issue of July 25th last, and which you have taken care should be circulated amongst our visitors, are, in my opinion, a disgrace to your journal. Happily, they have not had the effect you evidently desired they should have. Before indulging in such criticism again, permit me to advise you to make yourself acquainted with facts; and I think it would be wiser to criticise after the meeting instead of before. The meeting has, I am pleased to say, been an unqualified success. Many of the "leaders of the profession" were precluded from attending, not, as you suggest, because their interest in our proceedings had lessened, but because from the meeting being held in the last week in July, they were prevented by their other professional engagements from attending. You say, "there is a very widespread impression, not altogether groundless, that the Association exists for the aggrandisement of a small inner circle, &c." What rubbish. The Council is almost entirely a representative body, and the management of the affairs of the Association is practically in the hands of the branches—the constituencies.

Then you go on to talk of a matter you evidently know nothing about—namely, the desire of the Council to increase the number of members of the Association, who shall have the power of summoning an extraordinary meeting, from 50 to 100. The facts are these. The bye-law, limiting the number to 50, was adopted years ago, when the Association had a much smaller number of members than it has at present. Some months ago, some 50 members signed a requisition for a special meeting of the Association; this meeting was held at Birmingham, and not one of the 50 attended. The Association was made a fool of, and it was high time to make it a little more difficult for a repetition of the same process.

Pray, don't, in any further criticisms, make use of such expressions as "from what I can learn," and "if I am correctly informed;" it is surely your duty to see that you are correctly informed, so far as is possible, and it is not, as a rule, a difficult thing to accomplish.

Then you go on to talk of the excursion in a very wild manner. Pity you were not here to go on one of the excursions, it

would have done you good. Our visitors had the first choice, and others were only allowed to come in afterwards. The same with dinners, luncheons, and other entertainments; we made a point of confining our invitations almost entirely to visitors who were members of the Association.

You sneer at us again in a further short article. You talk of the annual picnic of the Association, as if there were no work done at all! Work is done, and good work too, spite of all you say to the contrary. But assuming, for a moment, that no work is done, is it for you or anyone to say, in however indirect a manner, that the annual gatherings of our large and influential Association result in—nothing? Is it nothing that we should meet year by year, and rub off some of our rusty corners by seeing fresh faces, making new acquaintances, and holding social gatherings? One of the most pleasant associations of this meeting, to me personally, will be the making of new friends and acquaintances in the profession.

To say that the "principal object" of the annual meeting of our Association is to "provide copy for the *British Medical Journal*" is a deliberate prevarication of the truth. The *Journal* has established its reputation, and as for copy, it has more than it knows what to do with.

What was the matter with you last week? Had you partaken of a bad dinner before you wrote your remarks, or were you suffering from indigestion?

I propose to send a copy of this letter to the *British Medical Journal*.

I am, &c.,

ALFRED SHEEN, M.D.,

Hon. Sec. Reception Committee.

Cardiff, August 3rd, 1885.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS, Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

MR. W. N. MACARTNEY.—The article is of no use to us, nor in any case would it be paid for.

MR. DAWSON.—The article is in type, and is waiting its turn for insertion.

KOROIT.—(1) Mr. Pentland's cabinet is the best; (2) No; (3) Yes, quite, if thoroughly mastered; (4) No, it will not appear until the new official pharmacopoeia is published. This is expected in September.

MR. V. A. LATHAM.—(1) Yes; (2) we cannot give you the prescription without first hearing particulars of the case it is required for. As to capsules, address Messrs. Burroughs, Wellcome, and Co., Snow Hill, London, E.C. (3) Yes; the list of books shall appear in our students' number, and also an account of the hospital.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Mr. W. N. Macartney, London; Dr. A. Sheen, Cardiff; Mr. W. E. Dawson, London; Dr. Armand Semple, London; Mr. Brindley James, London; Mr. Couzens, Bombay; Mr. Augustus Harvey, Fulham, &c.; "Koroit"; Dr. C. Hewett, Fleetow; Mr. William Fingland, Liverpool; Mr. E. A. Nicholet, Notting Hill, W.; Mr. V. A. Latham, Manchester; Mr. H. L. Mole, London.

BOOKS, PAPERS, &c., RECEIVED.—Nature and Treatment of Cholera, by A. Harkin, M.D. (H. Benahaw)—Diseases of the Kidney, by C. H. Ralfe, M.D., &c. (H. K. Lewis)—Clinical Charts and Case Book (Danielson).

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IMPORTANT NOTICE

STUDENTS' NUMBER, 1885.

The Special Students' Number of the HOSPITAL GAZETTE for 1885, will be Published on Saturday, September 26 next, and will contain full particulars relating to the various Schools and Colleges of Medicine, Qualification, Graduation, &c.

The Editor will be much obliged if Deans, &c., of Schools and Universities will forward particulars of their various Institutions as early as possible.

The next number will be published on September 12th.

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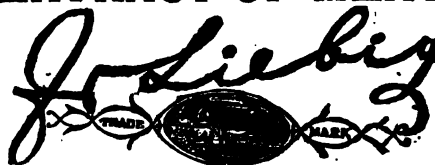
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CAUTION.—In consequence of certain dealers making use of Baron Liebig's photograph, title, &c., Baron H. von Liebig finds it necessary to caution the public that the Liebig Company's Extract of Meat is the only brand ever guaranteed as genuine of the finest flavour, either by himself or the late Baron Justus von Liebig. Purchasers must insist upon having the Liebig Company's Extract of Meat.

Notes by the May.

SINCE the termination of the Summer Session, it has been my good fortune to spend the greater portion of my time in the Provinces, and have visited various parts of England, from Lancashire to Cornwall, besides paying a flying visit to South Wales. In all quarters, the same complaint is to be heard—bad trade and scarcity of money. Even when trade is brisk and money plentiful, doctors are the last to be paid, but now they don't get paid at all. The fact is that the working classes have not the means to procure the necessaries of life, much less to afford themselves the luxury of a doctor; and even the middle classes are very chary of calling in medical aid, unless the case is one of extreme gravity. Hence in the agricultural and mining districts doctors have little or nothing to do, unless they happen to hold parish or club appointments, or are working on the "Dispensary" system, which now flourishes in nearly all the larger Provincial towns.

In the agricultural districts of the West of England the population has been steadily decreasing for some ten or fifteen years past, and, consequently, fewer doctors are needed. For instance, a little market town where I have been staying for some weeks, supported four surgeons and a consulting physician a few years ago, one of whom kept four horses and another three. Now there are only two general practitioners in the town, who keep three animals—by courtesy called horses—between them, and whomanage with the aid of parish appointments, and pig and poultry farming, to eke out a bare livelihood. I believe I am correct in stating that at the present time there is not a consulting physician in the whole county of Cornwall. When at Penryn last month, I heard that until recently the city of Truro could boast of a physician, but he died a short time ago, since which the residents have to go without or send to Plymouth, some forty or fifty miles off, when they want "further advice." Here, then, is an opening for an ambitious young physician, but I would not recommend anyone to enter upon pure consulting practice in Truro unless he can afford to wait.

BAD as things are in the West of England, they are, I find, far worse in the cotton manufacturing and colliery districts of Lancashire and Yorkshire. Here wages are down almost to starvation point, and strikes and lock-outs are the order of the day. At Oldham alone, some 25,000 cotton operatives are out on strike, and throughout Lancashire, many of the mills and factories are working short time, whilst some are closed entirely. Production is thus enormously lessened, but to the surprise of the operatives the stocks in the warehouses do not sensibly diminish. The poor wretches would be less puzzled if they could see the thousands of bales of German and American cotton goods which are pouring in weekly into the London wholesale houses. Thanks to free importation, London merchants can afford to look on and smile, whilst the Lancashire manufacturers and operatives are doing their best to ruin each other.

If, instead of fighting among themselves, they would join hands to keep out the foreigner, they would be able to dictate their own terms to the British purchaser.

I AM glad to see that one of those despicable rascals who live by visiting surgeons' consulting rooms on pretended business and stealing anything portable within reach, has been secured, and it is to be hoped that he will be severely punished. The wretch, who says his name is William Williams, called upon Dr. Bullock, of Ladbroke Grove, Notting Hill, one day last week, and professed to consult the doctor on behalf of his son, and made an arrangement for the young man to call in the evening. Whilst in the consulting room he managed to appropriate two cases of surgical instruments, one of which he endeavoured to pledge at a pawnbroker's shortly after. The pawnbroker, after a few questions, came to the conclusion that his customer was dealing with stolen property, and sent for a policeman, who soon satisfied himself that he had secured a thief. Next morning he was taken before the magistrate at the Hammersmith Police Court, but was remanded, as it is believed that other similar charges will be brought against him.

BEWARE of dogs! especially mad dogs, of which there are a good number about, both in London and the provinces. Several deaths from hydrophobia have taken place lately, or at least what some have alleged to be hydrophobia, for let anyone die a few months after having been bitten by a dog, the case is pretty certain to be reported as "Another Death from Hydrophobia."

I UNDERSTAND that among the additions which have been made to the physicians' armamentarium in the new Pharmacopœia, are the Ophthalmic Discs, which were first introduced to professional notice by the eminent firm of Savory and Moore. This is a high compliment, on which Messrs. Savory and Moore are to be congratulated; and it will doubtless be of more practical value than any number of gold medals or diplomas of merits from International Exhibitions.

A CORRESPONDENT of *The Times* states that there is a house in a very thickly-populated part of Marylebone, which is occupied by ten families, representing 50 persons (who pay very high rents). For the use of the whole of these there is in the yard one, or rather part of one, water-closet—perhaps I should say "closet," for it has had no "water supply" for at least nine years. The place is sickening and filthy in the extreme, and the other sanitary arrangements provided for these 50 persons are equally defective. The yard attached to these premises, in wet weather, is flooded with a mixture of water and sewage. On this Dead Sea the children play at "sailor" with anything that is near at hand, such as old boots, &c. It is almost incredible that such a fever den should be allowed to exist in London. Where are the Sanitary Inspectors and the Medical Officer of Health? They want stirring

up with a long pole. It is said that the owner of this disgusting rookery is a member of the Metropolitan Board of Works. Perhaps this fact may account for the existence of this stinking hole having been overlooked by the officials for such a long period.

A CORRESPONDENT of the *Medical Press* gives expression to the satisfaction which he, in common with thousands of members of the medical profession, feels at the recent change of Government, because it necessitated the retirement of the late Home Secretary, who appeared to exercise his functions with extreme harshness in cases affecting medical men. The late Home Secretary was associated with three medical prosecutions, 1st, that of Dr Price "the Welsh Cremation case;" 2nd, that of Messrs. Bower and Keates; 3rd, that of Dr. Bradley. The two first-named cases were undertaken by the Public Prosecutor at the instigation of the Home Secretary, and both failed in spite of the efforts of the Crown lawyers to obtain convictions. In Dr. Bradley's case, where the most superficial inquiry would have shown the injustice of his conviction, the Home Secretary turned a deaf ear to all appeals on his behalf. "What," asks the correspondent "was the blasted life of an obscure young doctor to him?" Happily the new Home Secretary went into the merits of the case, and decided that the evidence was too vague and unsupported to justify the verdict, and he at once set the injured victim free.

A few days ago, at the Guildhall Police Court, a man named John William Coulbert, described as a "doctor" and the keeper of a "doctor's shop" in Fetter Lane, London, was charged with having abducted a girl under fourteen years of age. Mr. Alderman Cowan, the presiding magistrate, expressed his doubts as to the man's right to be described as a doctor, but the police could give no information on the point, having failed to make enquiries. I have no doubt whatever that the man is a quack, but as I am writing this at a distance of many miles from a copy of the *Medical Register*, cannot speak positively upon the point. It is a frequent occurrence for person accused of crimes to be described as doctors in the police reports, who are not qualified practitioners. Every police court should be supplied with the latest edition of the *Medical Register*, and then the magistrate would be able to decide at once as to the person's claim to be described as a doctor. Lancashire and Yorkshire swarm with "herbalists," a term which should be read "abortionists," for this is the chief practice of these individuals. It does not matter how far advanced in pregnancy a woman may be, they deal out the most powerful and dangerous drugs, and if drugs fail, they are ready—if sufficient "brass" is forthcoming—with instruments, to assist the uterine efforts in expelling its contents. A coroner's jury returned a verdict of "Wilful Murder" last week against one of these "herbalists" named Scott, who has been practising at Barrow, and under whose operative treatment a young woman died.

vigilance on the part of

the police, and abortion by herbalists could be altogether suppressed. There is rarely any attempt at concealment, for they know the police will not interfere, unless, by some accident, death takes place.

STUDENTS who purpose taking the diploma of the Royal College of Surgeons, owe a debt of gratitude to Mr. Butlin, Demonstrator of Practical Surgery, at St. Bartholomew's Hospital for his strong protest in the *Lancet* of the 15th inst. against the unfair character of some of the questions set for the final membership examination. As an illustration he complains of the first question on the paper for the examination held on July 21st, that it is not a fair question in surgical anatomy, as it was supposed to be. As he says, it required a description of a complicated operation, which is rarely performed (excision of the wrist) and to exact such knowledge leads men to waste their time and strength in studying matters which are never likely to be of use to them. Mr. Butlin says that he should not appeal to the medical public if he had not already appealed to the Council without success. Some two years ago he wrote to the Council of the College, drawing attention to the first anatomical question in the paper for May, 1883, which was:—"Describe the operation for removal of the scapula. Mention the origins and insertion of the muscles in their order, and the vessels and nerves that must be divided." Such difficult questions, relating to operations very rarely performed, can serve no useful purpose, and I can only hope that Mr. Butlin's public protest may have the effect of bringing the examiners down to the level of common sense and ordinary surgical practice.

PERIPATETICUS.

EXHIBITION OF SURGICAL INSTRUMENTS, NEW DRUGS, &c., AT THE CARDIFF MEETING OF THE BRITISH MEDICAL ASSOCIATION.

(Concluded from page 252.)

SAVORY & MOORE.—This firm's exhibit included a variety of medicated gelatine preparations, which they were the first to introduce to professional notice, and which have gained for them warm encomiums from the faculty of all nations. In the form of a "Lamel," can now be administered, with the utmost exactness, any required dose of the most powerful remedies used in modern medicine. More than sixty drugs are now prepared in this form by Messrs. Savory and Moore, among them being atropia, aconite, cannabis, indica, colchicum, nux vomica, jaborandi, mercury iodide, morphia, quinine and santonine. Their well-known ophthalmic discs which now acquire additional interest from having been introduced into the new Pharmacopœia. The almost imponderable quickly soluble film of gelatine, whether used for application to the eye, nose or hypodermically, is manifestly superior to a solid tabloid. The cocaine discs are of two strengths, made at the suggestion of Mr. Nettleship, $\frac{1}{100}$ of gr., repeated two or three

times if necessary, at intervals of two or three minutes, being found sufficient for minor operations, and $\frac{1}{16}$ of gr. applied in the same way for more prolonged operations. There are also discs containing $\frac{1}{16}$ of gr., which can be conveniently applied to the nostrils in hay fever or for use hypodermically. The hypodermic discs are so well-known as not to require further notice, beyond assuring those who have never used them that they may do so with the utmost confidence, that the effect will in every case be equal to the same dose when administered in the form of a solution. Among the novelties exhibited by this firm were: Liq. cinchona (Paul), a new preparation of cinchona bark, guaranteed to be definite and uniform in composition, and, as a therapeutic agent, to be six times as potent as any other liquid extract of cinchona; peptonised milk, and peptonised milk and cocoa, which, being pre-digested, are easily assimilated without digestive effort; Sodium Taurocholate pills covered with Keratin, which safeguards them through the stomach, and are absolutely unacted on by an acid solution of pepsine, although the coating succumbs at once to a neutral or alkaline solution of the pancreatic ferments; coca wine, made at the suggestion of several London physicians; meat peptone, the original English preparation, made from prime English ox beef, and very superior in flavour, concentration and keeping properties, which is regarded and used by eminent physiologists, both at home and abroad, as the typical form of this important nutriment; pancreaticine of guaranteed purity; pepsine of five times the Pharmacopoeial strength, and various fluid preparations of pepsine and pancreaticine.

BRAND & Co.—This firm, whose name is more familiar in the hospital ward and sick chamber than a household word, displayed a large exhibit of their specialties for invalids, including concentrated beef-tea; veal, mutton, and chicken broth; essences of beef, mutton, veal, and chicken; turtle, mock-turtle, and other soups; turtle, calf's-foot and beef-tea jellies, and various forms of soup. A very excellent preparation is the savoury meat lozenge introduced by this firm, most suitable for travellers and sportsmen, as is also a new lozenge to which the name "Myolac" has been given, and which contains, in the most concentrated form, the nutritive and sustaining qualities of beef and milk. Mention should be made of the "Peptones," or "Pre-digested Foods" which Messrs. Brand & Co. have recently included among their specialties for invalids, and which, we believe, are destined to have a large sale as soon as their extreme value as nutritive agents are better known to the profession. In this form are now prepared beef, veal, mutton, chicken, and peptonised osseine, samples of which, we have no doubt, will be supplied to any practitioner on application. Another new preparation of extreme delicacy is the "Ivory Jelly," which it is found can be taken by invalids when soup, beef-tea, etc., are rejected.

BURROUGHS, WELLCOME & Co.—This enterprising and successful firm's exhibit occupied a considerable space in the museum, and included all their well-known specialties, also several novelties of recent introduction. Among those worthy of particular at-

tention we would mention the fluid extracts of the more active and generally used drugs of the vegetable kingdom, and to which the name "Valoids" has been given. These valoids are prepared by a process of cold re-percolation, and the menstruum employed is such as to hold the medicinal properties permanently in solution, and preserve them indefinitely in any climate. To give a list of the valoids would occupy considerable space; they include aconite, bael, belladonna, cascara sagrada, catechu, cinchona, digitalis, ergot, eucalyptus, gelsemium, nux vomica, stramonium, and taraxacum. Each pound of valoid represents one pound of the pure drug, and may be used as a convenient and reliable essence for the immediate preparation of syrups, tinctures, infusions, etc. Another novelty calculated to be of considerable service in gynecological practice, is the vaginal tampon charged with various medicaments. These tampons are composed of concentric layers of absorbent cotton wool and antiseptic elastic fibre, enclosed in a sublimated antiseptic gauze, and in its centre is enclosed a capsule containing the drug which it is intended to apply to the cervix uteri. Before introducing the tampon the capsule must be broken, which is readily done by gentle pressure, and the drug is discharged and diffused throughout the tampon. The drugs with which the tampons are charged include eucalyptine, iodine, iodoform, iodised phenol, cocaine, and belladonna. A new preparation, which it is probable will be appreciated, is the Peptonising Powder (Fairchild). This powder is put up in small tubes, each containing the exact quantity necessary to peptonise one pint of milk. The powder, we should state, contains one part of extractum pancreatis to three of bicarbonate of soda. The extractum pancreatis is also supplied in tabloids, three grains in each, which may be swallowed whole. Many other improved and elegant preparations were exhibited by this firm, some of which are firmly established in professional favour, including the Elxioids (phosphorus quinine, pepsine); beef and iron wine; Fellows' Syr. Hypophos Co., and Kepler's numerous combinations of medicinal agents with pure extract of malt.

SOUTHALL, BROS. and BARCLAY, of Manchester, exhibited their numerous approved specialties for the use of the physician, surgeon, and their patients. Among new remedies, particular notice may be directed to their acid osmic for subcutaneous injection in cases of strumous and cancerous glands, sciatica, &c.; an extract of the Asclepias Incarnata or white Indian hemp, said to be a powerful diuretic and to stimulate the action of the heart; Betanaphthol, a strong parasiticide for use as an ointment in itch, eczema, &c., and is likely to supersede the objectionable sulphur ointment; Cota bark recommended as a specific in obstinate diarrhoea; Liqueur Emetine recommended as a substitute for Vin. Ipecac.; Sp. Amyl. Valer. Co., an elegant and palatable form of exhibiting valerian; Syr. Ferri. Protochlor. for anæmia in young females, and the fluid extract of Viburnum Prunifolium recommended in half-draohm doses against habitual abortion. The "accident bag" exhibited by this firm is a

of cheapness, and will be much appreciated by surgeons practising in colliery, mining, and factory districts. It contains every requisite for simple fractures, wounds, burns, abscesses, &c. The "Sanitary Towels" for ladies, are too well-known to need further mention.

MALTINE MANUFACTURING COMPANY.—Among the exhibits of this company the extract of malt—Maltine—occupies the first place. This preparation has, we understand, gained nine first prize medals, among them being the gold medal of the International Health Exhibition. Those who object to maltine on account of its viscosity will find the "Maltine Cordial" recently introduced by this firm, an excellent substitute. In consistence, it is much thinner than "Maltine," and contains all the flavouring and nutritive properties of malted grain, together with its full diastatic principles. This company also exhibited Carnick's peptonized cod liver oil and milk and beef peptonoids. The former preparation contains 52 per cent. of the best oil, and 48 per cent. of pure milk evaporated to the consistency of the oil, both of which are thoroughly pre-digested, and thus it is readily assimilated by the most delicate persons. The Powdered Beef Peptonoid, which is rapidly gaining ground in professional esteem, is a combination of the nutritive constituents, chiefly nitrogenous, of beef, wheat, and milk, each ounce of the powder representing 10 ounces of these food stuffs. It is asserted by the makers that their preparation contains 95 per cent. of nutritive matter, about 70 per cent. of which is purely nitrogenous. In their pamphlet the Maltine Manufacturing Company give a comparative table showing the amount of solids in the beef peptonoids and other well-known beef extracts, including Liebig's, Brand's, and Savory and Moore's. It is scarcely fair to publish side by side a comparative analysis of such dissimilar substances as beef jellies and a dessicated powdered combination of milk solids, gluten of wheat and beef-extractives. They have little in common, and such a comparison is calculated to mislead.

MISCELLANEOUS.—Among the miscellaneous exhibits the most note-worthy were CHADBORN and COLDWELL's (Upper Thames-street, London) "Excelsior" Health Exercising Apparatus, which forms a perfect home gymnasium, suitable alike for the use of the athlete, or sufferers from spinal disorder, muscular debility or paralysis. It can be adjusted so as to permit of a hundred different combinations of exercises, including rowing, bicycle motion, health lift, pulling, trapeze, horizontal bar, &c.—KING and Co. (Albion Food Mills, London). Pure wheaten food for infants, thoroughly cooked by a new process, so that it can be prepared for use without boiling or straining. Patent cooked oatmeal, which requires only one moment's boiling, and Lloyd's Universal Food, which has an established reputation as a diet for invalids and children.—MAWSON and SWAN's (Newcastle-on-Tyne) New Filter, the filtering medium of which is pure animal charcoal, supported on and covered by "glass wool," a substance which is extremely pervious to water and not liable to decomposition.—FELTOE and SON's "Spécialité" Lime Juice, which forms a most palatable and refreshing beverage, and

is free from the musty flavour which renders most of the commercial lime juice so objectionable.—PECK and Co.'s (Wigan) Ambulance of extreme lightness and great strength, being made entirely of steel. Respecting the merits of this excellent invention, the following testimonial was signed by nearly 150 medical visitors to the Museum. "We, the undersigned consider Messrs. J. H. Peck & Co., have, in their Patent Stretcher, one, which is at once efficient, simple, and of low price, and which meets all the various requirements."—HARTMANN's wood wool, and wood wool antiseptic wadding, which is now being largely used in hospitals, as an absorbent and dressing material. The same material is now manufactured into diapers for the use of ladies, and can be strongly recommended for health, comfort, and cleanliness, as they thoroughly absorb secretions and prevent odours resulting from decomposition. The London agents for the sale of Hartmann's productions are Essinger and Co., Hatton Garden.—WARNER and Co.'s sugar coated pills and parvules, Liquor. Ferri. Dialysati and Ingluvin, exhibited by Newberry and Sons, Newgate-street, London.—SANITAS Co.'s well-known antiseptic and deodorizing agents, sanitas oil, soaps, &c.

In concluding this notice, we wish to state that we have not endeavoured to give an exhaustive description of every exhibit, our object being to give a few brief notes of the more recent inventions and novelties of purely medical and surgical interest. Hence, we have omitted all mention of the numerous exhibits connected with sanitary arrangements, such as drain pipes, stink traps, water closet and lavatory fittings, baths, &c.; also cooking apparatus, bedsteads, furniture, &c., which occupied no inconsiderable space in the Museum. In two or three instances we regret that our representative was unable to obtain the requisite information to make a report in consequence of the absence of the attendants at the time he was taking notes.

ENDOCARDIAL MURMURS.

BY WILLIAM EDWARD DAWSON, L.K. & Q.C.P.;
L.S.A.; 1st M.D., &c.

Late Surgeon to the City Provident (Public)
Dispensary.

The essence of sound teaching is dogma. One lecturer places before his pupils dozens of hypotheses, dozens of authorities, dozens of theories relating to a disease, and they are ejected, and his guests go "empty away." The mental pabulum of another consists of one soup, one fish, one entree, one joint, and "the multitude are satisfied." The superabundance of the former produces indigestion, the frugality of the latter the "full man." It is not given to all men to be intellectual gourmets, the majority must "have their meat cut up for them." The instructor who recognises this, is the one to whom students are more indebted, and to whom in after life they are under the deeper obligation.

In no branch of our profession is the truth of this more manifest, than in that that forms the subject of this monograph. I know few more "tough" (nor in most cases more *indigestible*) dishes than a heart.

It is the "cooking," the stuffing, the sauces, and what are commonly called the "etceteras," that have brought it into clinical ill-repute. On the other hand, I know few more palatable when plainly dressed by a competent *chef*—in the hands of, for instance, Sir Andrew Clark, or Dr. Stephen Mackenzie. I am trying to-day, to place before junior students a repast such as I have last mentioned, one I hope that will be found not insipid, and above all, in a form that may be easy of assimilation.

FIRST.—Think of the heart, not as a quadrilocular organ, having a right and left side, but as a bilocular, with one auricle and one ventricle, and one side—the "Left" side. You will then perceive that any murmurs heard on auscultation must be (A) *Mitral* or else *Aortic*. (B) They must be *Systolic* or *Diastolic*. (C) They must be *Regurgitant* (due to incompetence), or *obstructive* (stenosis).

With this information we can make a very convenient classification of the murmurs that are heard in the vast majority of cases of heart disease.

SYSTOLIC	<i>Mitral</i> (Regurgitant) I.
	<i>Vortic</i> (Obstructive) II.
DIASTOLIC	<i>Vortic</i> (Regurgitant) III.
	<i>Mitral</i> (Obstructive) IV.

SECOND.—Order of *Frequency*—the same as in the above table.

THIRD.—Order of *Danger*.

- (1) Aortic Regurgitant.
- (2) Mitral Regurgitant.
- (3) Mitral Obstructive.
- (4) Aortic Obstructive.

FOURTH.—We will take these murmurs in detail and in the order of frequency heard.

(A) *Mitral Regurgitant* (Systolic).—Is caused by the flow of blood from the ventricle to the auricle. It is loud, and *heard* at the left apex, and is transmitted outwards and backwards, being often distinctly detected at the angle of the scapula. It is frequently accompanied by a purring thrill. *Pulse* (if irregular) is soft, small, weak, and intermittent. *Result*, more or less, congestion of lungs, liver, and kidneys; the venous obstruction often causes pulsation in the larger veins and liver; and bulbous enlargement of the terminal phalanges of the fingers and toes. It rarely terminates in sudden death.

(B) *Vortic Obstructive* (Systolic).—The affected valves obstruct the aortic orifice during systole, so as to prevent the blood flowing freely out of the ventricle. The murmur will be *heard* at mid-sternum, opposite the 4th costal cartilage, being transmitted upwards to the right second cartilage, and sometimes even to the carotids. The sound diminishes as the stethoscope is moved towards the apex. *Pulse*: hard, wiry, resisting, and sometimes visible; in later stages soft and slow. *Results*: often there is little suffering for years on account of compensating hypertrophy of the left ventricle. Sooner or later, however, palpitation and breathlessness supervene; the arteries are unfilled and syncopie and epileptiform attacks come on.

(C) *Nrotic Regurgitant* (Diastolic).—Here the aortic valves close imperfectly, permitting reflux of blood from the aorta. It is *heard* most clearly at the level of the 4th interspace at mid-sternum. It is

transmitted downwards to the ensiform cartilage, and upwards to the right second cartilage. *Pulse*: peculiar, being sudden, sharp, and jerking (shaky), and is commonly known as Conigan's pulse. The second sound of the heart is muffled and indistinct. *Results*: The patient suffers from deficiency of blood in the arterial system, is pallid, and liable to syncopie and angina-like attacks. He is apt to die suddenly.

(D) *Mitral Obstructive* (Diastolic).—Due to impediment to the passage of the blood from the auricle to the ventricle. It is rarely *heard*, however. When audible it is most distinct at the left apex. *Results*: This obstruction is a very grave matter, and is followed by hypertrophy and dilatation of the left auricle, clotting in the appendix, oedema of the lungs, distention of the right side of the heart, and intensification of the second sound at the base. The heart's action is irregular. It sometimes terminates in sudden death.

We have here given the characters of the four most common cardiac murmurs. Having grasped these, the student can radiate to the more elaborate details given in the larger works. But, as we have remarked already, this description covers those usually met with in practice; and having mastered these, he can make up the murmurs (mostly theoretical) of the right side of the heart at his leisure.

Before concluding, it may be advisable to say a few words about the *PULSE*. Speaking "broadly" (as heretofore), it will be found that the characters of the *Normal Pulse* are five:—

- I.—Regular.
- II.—Equal.
- III.—Compressible.
- IV.—Moderately full.
- V.—Swelling slowly beneath the finger.

The *Mitral Pulse*:—

- I.—Soft.
- II.—Small.
- III.—Weak
- IV.—Unequal.
- V.—Intermittent.

The *Vortic Pulse* (early):—

- I.—Full.
- II.—Strong.
- III.—Jerking.
- IV.—Resilient.
- V.—Regular.

It is hoped that this resumé may prove as serviceable to some of the readers of the HOSPITAL GAZETTE as (in Examination Hall and at the bed-side) it has been to the contributor.

THE VOLUNTEER MEDICAL STAFF CORPS AT ALDERSHOT.

THIS corps has just finished its first drill in a military camp in a manner creditable to all concerned. The much maligned medical student has shown that he can not only hold his own, but, according to report at Aldershot, outstrip many a crack volunteer regiment in drill, discipline, punctuality, behaviour in camp, and in many of the most becoming qualities of a soldier. To those who know the modern medical student, this was only to be expected, but to the uninitiated, and in newspaper reports, the student is, as

he was 25 years ago, described as a slur upon society, and a scape-grace of the drunken variety. During the week the following duties were gone through:—Reveillé at five, parade at 6, breakfast at 7.30, and parade again at 8.30, which lasted until 1 p.m. In the afternoon a parade from 2—3 was held, for stretcher bearer and waggon drill, twice during the week. During the morning the following operations were gone through:—On Monday a field day and march past in the Long Valley before the Duke of Cambridge; on Tuesday, field bearer work in the Long Valley, when collecting stations, dressing stations, &c., were formed and explained; on Wednesday a bearer company encampment was pitched; on Thursday a field day on the Fox Hills, and a march past before General Anderson; on Friday a Field Hospital was pitched on the Redan Hill, and on Saturday instructions in loading railway waggons was given. Besides these, the more galling duties of guard and sentry mounting were cheerfully executed. The Commandant, in the name of the officers, awarded a medal to Corporal Watts, of the London Hospital, for having the best kept tent during the encampment. The officers who accompanied the corps were Surgeon-Commandant Cantlie, Surgeon-Major Norton, Surgeon Platt, Surgeon Casson, the three latter in command of companies. Surgeons Willett, Sutton, and Morberly performed their duties as guide and orderly officers in a soldierly like manner, and Quarter-Master Roberson did his work so efficiently that there was scarcely a grumble.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, AUGUST 29, 1885.

EDITORIAL AND PERSONAL.

THE Bradshawe Lecture at the Royal College of Physicians of London was this year delivered by Dr. Goodhart, physician to Guy's Hospital, the subject of the address being, "Arterial Tension." The late Dr. Mahomed was originally nominated to the post, and it was only after his death that Dr. Goodhart was chosen to fill his place. These facts were feelingly referred to by the latter physician in the course of his address before the College, and at the same time he offered a tribute of admiration to the memory of one whose early labours gave promise of such a rich harvest of work had life been spared to him to garner it. The subject selected by Dr. Goodhart was one that Mahomed had devoted much of his own atten-

tion to, and which he had surrounded with very considerable interest by his own researches. Dr. Goodhart mainly dwelt on the theories of morbid increased arterial tension, associated on the one hand with the names of Gull and Sutton, and on the other with that of Dr. G. Johnson. The lecturer threw in his lot with the former, and considered that general arterio-capillary fibrosis is a pathological condition of certain existence. The association of granular kidney with it as cause or effect, he refused to dogmatize upon, and offered some most interesting and instructive criticisms and illustrations at this part of his discourse. The lecture is eminently one to read and to digest, and we commend it to the best attention of our subscribers.

PROFESSOR GREENFIELD, in his address to the medical graduates of Edinburgh University, on August 1, remarked:—"There are many who long for the good old times when the skilful compounding of pills and potions, and the aiding of a parish doctor to bleed, leech, and blister his poorer patients constituted the portal to medical studies. . . . Yet I have no doubt that in the future the earlier training of all highly-qualified medical men will tend to become even more scientific, and that a more intimate knowledge of physics and chemistry, of comparative anatomy and physiology, and of botany will become essential to the further evolution of medical science." These words are not surprising, coming from a Scotch Professor, for in Scotland dispensing by medical men is the exception and not the rule. But Professor Greenfield is an Englishman, and it is to be hoped that those of his hearers who have come across the border will have carried the inference with them.

MR. W. H. PHILIPS (coroner) opened an inquest at Wolverhampton on Thursday, August 6, respecting the death of Julia Jones, aged eighteen months, whose parents reside at No. 2 Court, Great Moore Street. The evidence showed that the child, which had been a healthy one, was taken ill on Sunday night, and on Monday Mr. W. Hodgkiss, herbalist, Piper's Row, was consulted, and he supplied some medicine. After a dose had been given to the child, it became worse, and died the same day. Mr. Hodgkiss gave a certificate that the child died from convulsions, and signed it "William Hodgkiss, M.D.U.S." The registrar declined to accept the certificate. The inquiry was adjourned.

AR Leamington, on August 5, Walter Watson Moorland, Kenilworth, retired physician, was fined £2 17s. for destroying dogs at Kenilworth with poisoned meat. Recently the death rate among dogs at Kenilworth has been abnormally high, and, suspicious attaching to the defendant, he was

watched, and seen to deposit poisoned meat in the shrubbery, which he now pleaded was to poison rats.

MR. A. H. YOUNG, M.B., of Salford, brother to Mr. J. Rymer Young, of Warrington, has been appointed Professor of Anatomy at Owen's College (Victoria University).

DR. F. J. B. QUINLAN, Professor of Materia Medica in the Catholic University Medical College, Dublin, &c., has been appointed delegate to the Pharmaceutical Congress by the King and Queen's College of Physicians, Ireland.

PRINCE SATURDAY JA JA, the eldest son of King Ja Ja, of Opobo, Western Africa, who lately arrived in this country to obtain the best advice for an injury of long standing to one of his eyes, has, it is stated, been successfully operated upon by Mr. Shadford Walker, of Liverpool, and is now progressing very favourably.

THE *London Gazette* of last week announces that Her Majesty the Queen has been graciously pleased to confer the Albert Medal of the Second Class upon Edward Charles Thompson, M.B., Univ. Dubl., Surgeon of the Tyrone County Infirmary, for conspicuous heroism displayed in endeavouring, on the 4th of April last, to save the life of a child named Herbert Mitchell, suffering from diphtheria.

A CASE of alleged recovery from the bite of a cobra, at Pachmari, is reported in the Indian papers. The correspondent who narrates the case describes the recovery as follows:—The man who had been bitten was hurried off to the military hospital for treatment. From all I hear, ten to fifteen minutes must have elapsed before any medical assistance was rendered him. Anyhow, not very long after he was taken in hand he was in a state of collapse. The lower half of his body was gradually paralysed, and by degrees he lost both speech and sight. The doctor at this stage thought nothing could save him, especially as he had in the meantime sent for the dead snake, and satisfied himself that it was a genuine cobra. However, they went on treating with hypodermic injections, &c., and in about ten hours had the satisfaction of seeing some little improvement in the patient. Since then the man has quite recovered. There is not the slightest doubt about his having been fairly bitten, for, irrespective of the subsequent symptoms, his little finger was torn open a good way in shaking the snake off. A *post-mortem* on the cobra (which, by the way, measures four feet and a half) also disclosed the fact that he was in full poison when he bit the man.

THE Rev. Dr. Mackay, of Hull, died at Portree on Saturday forenoon from the result of an accident which he met with at Portree Pier on Tuesday night. He was a passenger from Oban to Portree by the steamer *Clansman* that evening, and shortly after the arrival of the steamer he fell over the pier, and his head struck against the vessel.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary Examinations for the Diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 4th inst., viz.:—Messrs. E. Lysett Burd, Shrewsbury, Hubert Nicholls, Fernleigh, Herts, of Cambridge and St. Bartholomew's Hospital; A. R. S. Anderson, Sussex Place, N.W., of Cambridge and St. Mary's Hospital; E. Collingwood Andrews, Hampstead, of Cambridge and Guy's Hospital; C. Hazlitt Upham, Kensington, T. Miles Beale, Shepherd's Bush, Hugh B. Mathias, Minehead, and L. P. Shadbolt, Chislehurst, of St. Bartholomew's Hospital; F. G. C. Martin, L.S.A., Commercial Road, E., of the London Hospital; George Hart, Bolton, W. G. Dreaper, Old Trafford, Joseph Whittaker, Eccles, J. E. Parker, Soholes, Wigan, and H. L. Williams, Altrincham, of Manchester; W. Ivems Watson, Rugby, E. P. Mourilyan, Deal, Letterstedt F. Child, St. Leonard's-on-Sea, and A. Martin Sutton, Long Ditton, of Guy's Hospital; W. H. Smart, West Kensington, of Cambridge and St. Thomas's Hospital; W. Patrick O'Connor, Weymouth Street, of University College Hospital; Arthur Sharland, Sydenham, of Middlesex Hospital; G. Lewis Travis, Leeds, of Liverpool. The following gentlemen were also admitted Members on the 5th inst., viz.:—Messrs. Charles G. Lermite, L.S.A., Richmond, and H. Brandreth Davies, L.S.A., St. George's Road, S.W., of King's College Hospital; Aubrey D. Chapple, L.R.C.P. London, Streatham, S.W., and Trevor A. Dagg, L.S.A., Suttons, near St. Albans, of St. Bartholomew's Hospital; P. A. Lloyd, L.R.C.P. London, St. Mark's Road, W., of St. Mary's Hospital; Albert Wilson, L.R.C.P. London, Hull, and G. W. A. Lynch, L.R.C.P. London, Minford Gardens, W., of St. Thomas's Hospital; Henry A. Reed, L.R.C.P. London, Denmark Hill, of Guy's Hospital; Edmund Raghib, L.S.A., New Wandsworth, of Charing Cross Hospital. The following gentlemen were admitted members on the 7th inst., viz.:—Messrs. Henry Robinson Codd, L.S.A., Leamington, of University College Hospital; Thomas A. Collinson, L.S.A., Granville Square, and E. Suter Hasell, L.S.A., Isleworth, of King's College Hospital; F. W. Parke Holton, L.S.A., Kilburn, of St. George's Hospital; S. D. Ashley, L.S.A., Leytonstone, of the London Hospital; John L. T. Jones, M.B. Durham, Tremadoc, North Wales, of Newcastle and St. Bartholomew's. At an ordinary meeting of the Council of the College, held on Thursday, 3rd inst., Mr. Augustus Winterbottom was re-elected an Examiner in Dental Surgery, and the Diploma of Fellow granted to Mr. Herbert Jekyl Dyson. A report from the President and Vice-Presidents on the arrangements for the Meeting of the Fellows and Members of the College, to be held on October 29th, was approved and adopted. It was moved by Mr. John Marshall, seconded by Sir T. Spencer Wells, and carried unanimously, "That, in recognition of the time and thought devoted by Sir James Paget, during many years past, to the revision and completion of the Catalogue of the Pathological Collection of the Museum, and his many other important services to the College, he be requested by the Council to sit for a marble bust, to be executed at the expense of the College, and placed in some suitable position in the College buildings." The Council then adjourned until October 15th.

LONDON UNIVERSITY.—INTERMEDIATE EXAMINATION IN MEDICINE (Examination for Honours).—*Anatomy*.—First Class.—Henry Percy Dean, B. Sc. (exhibition and gold medal), University College; Frederick Howard Taylor (gold medal), London Hospital. Second Class: Alfredo Antunes Kanthack, B.A., University College, Liverpool; Percy Ashworth, B.Sc., Owens College, and Alfred Herbert Tubby, Guy's Hospital—equal; Milton Prentice Ledward, Owen's College, and Guy Bellingham Smith, Guy's Hospital—equal. Third Class: Cyril William Jecks, University College; John Ogle Tunstall, University College; George Edward Rennie, B.A. Sidney, University College. *Materia Medica and Pharmaceutical Chem-*

*Obtained the number of marks qualifying for a medal.

inst. was merely a reply to false and misleading statements which appeared in our *Journal* at page 38, on the 5th inst., and to the fact also that these misstatements tended to injure the interests of the profession generally, and I will go so far as to say that for every hour our *Journal* refuses permission to contradict and rectify these misstatements, so long does it passively aid and abet the commission of a fraud upon the members of our Association.

I am,
Faithfully yours,
R. H. S. CARPENTER.

British Medical Journal, 161A, Strand,
July 23, 1884.

"MY DEAR MR. CARPENTER.—I think, under the circumstances stated, your letter has a claim to publication, and shall appear this week.

Believe me,
Always faithfully yours,
ERNEST HART."

On 8 Nov., 1884, Dr. Sheen thus wrote in our *Journal*:—"Whilst the Medical Act Amendment Bill, now before Parliament, makes it penal for any unqualified person to represent himself as a qualified and registered practitioner, and renders it impossible for any unqualified person to recover fees in a court of law, it made the practice of our profession for gain by such persons, including chemists, illegal," and that "any person not being registered who practises for gain could be prosecuted." What rubbish! What a compound of fact and fiction! As I have said before, this "rubbish" was floated upon the profession by our *Journal*, and permission to correct it was refused.

Our *Journal* and our committee have no motto. I therefore propose one for them; it is truly emblematical of their policy, and I shall use it for them upon all occasions I have presented to me. It is this: "Liberty for quacks! coercion for the profession! and falsehood and perfidy for ever!"

I am, Sir,
Your obedient servant,
R. H. S. CARPENTER.

EXTRAORDINARY GENERAL MEETING OF MEMBERS OF THE BRITISH MEDICAL ASSOCIATION AT EXETER HALL.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—It seems to me that your publication is becoming the champion journal of the members of the British Medical Association and of the profession as well. The details of our proceedings on the 14th inst., at Exeter Hall, which were of a boisterous character, and of one and a half-hour's duration, have been wholly suppressed in this day's *British Medical Journal*, the result only of those proceedings having been published; and as the strong opposition offered by Dr. O'Connor, Dr. R. H. S. Carpenter, and Mr. Nelson Hardy, to the motion before the meeting appeared to me to be in support of my motion, I beg leave to ask you for space to place before the profession the motion I proposed, together with the few words I said in support of it, viz.:

I proposed that, "the resolution now put to the meeting be referred to the annual meeting of the association to be held next year at Brighton," and added in support of that "There can be no doubt that if the special meeting of the association at Birmingham, convened last year by the request of 57 of our members, to take into consideration the glaring defects of the Medical Bill then before Parliament had not been called together, this motion of coercion would never have been made. One object of the motion is to deprive members of rights they now possess, and it ought not to be adopted without giving the whole of the members of the association an opportunity of considering its effects upon their present privileges, and of expressing their opinion upon it. Were this motion adopted, the immediate effect would be to disfranchise a large number of the branches of our Association, and virtually, in some respects, to enslave them. Thus, it is quite conceivable, that a Branch may experience some wrong affecting the interests of the whole of its members, and which it would like to have considered by the Association at large. Under our present regulations every branch possessing fifty members, can convene a general meet-

ing for that or any other purpose, but this motion proposes to deprive them of that power, and to gag them instead. Raising the number of requisitionists from fifty to a hundred would disfranchise every branch not containing one hundred members—and there are many such branches—thirteen of them at least. There is another reprehensible effect the motion would have. It would increase the power, already too great, of the Council to suppress discussion, when their own official conduct was impeached, and there can be no doubt amongst those who have narrowly watched the sayings and doings of some of the fossils of the Council for the past three or four years, that this is the chief motive which has induced the Council to bring forward the motion.

And now I will say a few words concerning the Birmingham meeting. It will be remembered that the late Government introduced a most disastrous Bill into Parliament for the taking away of many privileges from the medical profession. If the Bill had passed, the practice of the profession would simply have been opened to all the chemists and druggists and prescribing quacks of the country. Our Council told the Government that they represented the profession, stating that the latter were unanimous, and that it was the desire of all that the Bill should become law. The profession were told on the other hand by the *Journal* that the new Bill would provide that unqualified persons should not practise. It was absolutely necessary therefore that something should be done to enlighten the general practitioners of the dangers ahead, and easy to do so, one would think—just write to the editor of the *Journal*, pointing out the serious defects of the Bill, and the Council would, of course, change its views, and bring them into harmony with what was right. Letters were written by our friend Dr. R. H. S. Carpenter, the chairman of the Medical Alliance, and by others in the sense I have pointed out—but what did we find? All honourable men will be surprised to hear that the managers of our *Journal*—I say "our *Journal*" advisedly—had determined that the said communications should be suppressed, and that the *Journal* readers should not have the opportunity of considering any other view of the disgraceful Bill than that put before them by the Council. The Medical Alliance knows of many suppressed letters, Mr. Nelson Hardy, of 25, and Mr. Ernest Hart, the editor, of 30. A Vigilance Committee, composed of members of the British Medical Association, was then formed for the purpose of requesting the Council to convene a general meeting of the Association in London—the centre of professional life and thought—for the purpose of taking into consideration the defects of the Bill. But the previous policy of the Council was so censurable that they dared not face their accusers in London, but ran away to Birmingham—160 miles away—and called a meeting there, knowing that it was almost impossible for the busy metropolitan general practitioner to leave his work for so long a time as would be required to go to Birmingham. There is only one way of describing the whole thing, and that is by quoting the now historical words of Sir Wm. Harcourt, "It was a dirty trick."

Someone, I think Dr. Foster, said the other day at Cardiff that "The Corporations and Medical Council take our money without doing anything for us, and that the only persons who help the profession at all are the members of the Council of this Association." What egotistical nonsense! We laugh at such statements, and say, in reply, that the little the Council has ever done has been of an obstructive and damaging nature to the general medical practitioner.

My motion was seconded by Dr. R. H. S. Carpenter, but the chairman (Dr. Balthazar Foster) would not allow it to be put to the meeting.

I remain, yours faithfully,
JOHN PAGE HENTSCH,
M.R.C.S. and L.S.A.

4, Portland Place,
Peckham Road, S.E.,
Aug. 22nd, 1885.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS, Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post-office Orders are to be made payable at the Charing Cross Post-office.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Mr. Staple, Plymouth; Mr. C. T. Woodward, Birmingham; Mr. G. G. Howett, Gateshead-on-Tyne; Surgeon-Commandant J. Cantle, F.R.C.S., London; Mr. W. Fingland, Liverpool; Dr. Armand Semple, London; The Director-General, Army Medical Department, London.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

FOSTER'S Clinical Medicine, 3s. 6d., published at 10s. 6d. A24
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THE MIDDLESEX HOSPITAL MEDICAL SCHOOL.

THE WINTER SESSION will open on Thursday, OCTOBER 1st, at 3 p.m., with an Introductory Address by Dr. J. K. Fowler, M.A., after which the Prizes awarded during the previous Winter and Summer Sessions will be distributed.

The ANNUAL DINNER of the past and present Students and their friends will take place the same evening at the Holborn Restaurant.

The Hospital contains 310 beds, and there are special departments for Cancer, Diseases of the Eye, Women, and Syphilis. In the new Out-patients' Department, in addition to Medical and Surgical cases, special days are devoted to Diseases of Children, the Throat and Ear, the Skin, and Cases requiring Electrical Treatment.

HOSPITAL STAFF AND LECTURERS.

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Physicians—Dr. Cayley, Dr. Sydney Coupland, Dr. Douglas Powell, Dr. D. W. Finlay.

Assistant-Physicians—Dr. J. K. Fowler, Dr. C. Y. Biss, Dr. J. J. Pringle.

Obstetric Physician—Dr. Arthur W. Edis.
Physician to the Skin Department—Dr. Robert Living.

Assistant Obstetric Physician—Dr. W. A. Duncan.
Consulting Surgeons—Mr. Shaw, Mr. Nunn.

Surgeons—Mr. Hulke, F.R.S., Mr. George Lawson, Mr. Henry Morris.

Assistant-Surgeons—Mr. Andrew Clark, Mr. A. Pearce Gould.

Ophthalmic Surgeon—Mr. William Lang.
Aural Surgeon—Mr. Arthur Hensman.

Consulting Dental Surgeons—Mr. Tomes, F.R.S., and Mr. Turner.

Dental Surgeon—Mr. Storer Bennett.
Assistant Dental Surgeon—Mr. Claude Rogers.

Other Lecturers—Mr. B. T. Lowne, Dr. Thorowgood, Mr. Foster, Mr. Henry Case, Mr. J. B. Sutton.

Two Entrance Scholarships, value £25 and £20 per annum respectively, and an Entrance Science Scholarship, value £50, will be competed for on September 20th, and following Days.

For further information and for a Prospectus, apply to the Dean, or the Resident Medical Officer at the Hospital.

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SUMMER SESSION.

Botany—Dr. Murphy.
Materia Medica—Mr. McBean.
Practical Chemistry—Professor Bedson.
Practical Physiology—Dr. Oliver.
Midwifery—Dr. Nesham.
Diseases of Women—Dr. Gibson.
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The First and Second Examinations for the Degree of M.B. may be passed prior to the commencement of attendance at Newcastle.

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Lists of the questions of former Examinations, together with full particulars and synopsis of the subjects, will be found in the Prospectus, which may be obtained by application to the Registrar.

SCHOLARSHIPS, &c.—The following Scholarships and Prizes are awarded annually: a University of Durham Scholarship, value £100, for proficiency in Arts, awarded to full students in their first year. The Dickinson Scholarship, value £15 and a Gold Medal, for Medicine, Surgery, Midwifery, and Pathology. The Tulloch Scholarship, value £20, for Anatomy, Physiology, and Chemistry. The Charlton Scholarship, value about £35, for Medicine. The Gibb Scholarship, value £25, for Pathology. The Goyder Memorial Scholarship (at the Infirmary), value about £15, for Clinical Medicine and Clinical Surgery. At the end of each Session, a Silver Medal and Certificates of Honour are awarded in each of the regular classes. An Assistant-Curator of the Museum is annually appointed from among the Senior Students. Four Assistant Demonstrators of

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Dental Surgeon—Mr. E. Fothergill.

House Physician—Mr. J. Waldy.

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The Infirmary contains 280 beds. There are special Wards for the treatment of Children, and for Ophthalmic and Syphilitic Diseases. Clinical Lectures are delivered by the Physicians and Surgeons in rotation. Pathological Demonstrations are given as opportunity offers by the Pathologist. Practical Midwifery can be studied at the Newcastle Lying-In Hospital, where there is an out-door practice of about 500 cases annually.

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" one year's "	" "	" 12 "
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(c) Single Courses of Lectures or Tutorial classes, 5 guineas.

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Further particulars with regard to examinations may be obtained from Dr. Luke Armstrong, 26, Clayton-street, West, Newcastle-upon-Tyne; or, on all other matters connected with the College, from Mr. Henry E. Armstrong, 6, Wentworth Place, Newcastle-on-Tyne.

UNIVERSITY OF DURHAM.

DURING the Medical Year 1885-1886, Examinations will be held as follows:—

The **EXAMINATION** for the Certificate of Proficiency in **SANITARY SCIENCE**, will begin on September 21st, 1885, and on April 26th, 1886. The First Examination for Degrees in **MEDICINE** and **SURGERY** under the New Regulations will begin on September 14th, 1885, and April 19th, 1886. The First Examination under the Old, and the Second Examination under the New Regulations for Degrees will begin September 21st, 1885, and April 26th, 1886.

The Examination for the Degree of M.D., for Practitioners of fifteen years' standing, and for the Degree of M.D., and the final Examinations for the Degrees of M.B. and M.S. will begin on December 7th, 1885, and again on June 21st, 1886.

Intending candidates must forward their names, together with the fee, at least 28 days before the date of commencement of the Examination for which they wish to enter.

Full particulars, prospectuses, and examination papers may be obtained on application to the Registrar of the University of the Durham College of Medicine, Dr. Luke Armstrong, Clayton Street West, Newcastle-on-Tyne.

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As Emeritus Professor of Surgery, Mr. Hutchinson will give in the Winter and Summer Sessions short Courses of Lectures in Clinical Surgery, consisting of Six Lectures each. The Special Subjects and the dates will be announced in due course.

The SESSION 1885-86 will commence on Thursday, October 1, 1885. As the College will be in course of enlargement, there will be no Public Distribution of Prizes this year.

Fee for Lectures and Hospital Practice, 90 guineas in one sum, or 100 guineas by three instalments.

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TWO ENTRANCE SCIENCE SCHOLARSHIPS, value £60 and £40, and Two Buxton Scholarships, value £30 and £20, will be offered for competition at the end of September to new students.

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IMPORTANT NOTICE

STUDENTS' NUMBER, 1885.

The Special Students' Number of the HOSPITAL GAZETTE for 1885, will be Published on Saturday, September 26th, and will contain full particulars relating to the various Schools and Colleges of Medicine, Qualification, Graduation, &c.

The Editor will be much obliged if Deans, &c., of Schools and Universities will forward particulars of their various Institutions as early as possible.

The Students' number will be the next published (September 26th). Advertisers should not miss this number, as it will have a much increased circulation.

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Notes by the May.

THE cholera is making strong efforts to obtain a footing in England, but happily as yet without success. The recent death at Cardiff makes the third outbreak of Asiatic cholera in this country during the last two or three months, but in each instance isolation and sanitary precautions have prevented the disease from spreading beyond the person first attacked. The end of the summer having reached us, we may now feel pretty certain that we shall escape from the scourge of cholera this year at least.

A CORRESPONDENT of the *Lancet* complains of the treatment he has received in the matter of a vacant appointment at an infirmary in Wiltshire. Having seen an advertisement for a house-surgeon at the infirmary in question, he applied for the appointment, and, in accordance with the terms of the advertisement, undertook a railway journey of about six hours in order to put in an appearance on the day of election. He then heard that no outsider would stand a chance, as the contest lay between two local men who were known to the governors of the institution. However, he and five other outside candidates were kept waiting in a room for more than two hours, while the Committee were discussing the merits of the two local men. They were then told by the successful local candidate that he had been elected, and might take their departure, which they did, without having had an opportunity of going before the Committee. The correspondent who complains succeeded in getting his railway fare, but this did not compensate him for the loss of time, and other expenses which he had been put to in connection with his candidature. This is by no means an isolated experience. It frequently happens that vacancies are advertised only as a matter of form, some local man having previously been selected for the appointment. When the election is not a free and open one, it would be only fair to outsiders to inform them that they are not required to attend on the day of election unless specially invited by the Committee of Management.

REFERRING to my recent remarks on the state of matters medical in the provinces, a physician in practice in one of the leading towns in the Midlands writes:—"We are really in a lamentable condition here as regards professional matters; what with cheap underselling seniors, *e.g.*, attending thoroughly good-class patients in confinements for a guinea; homoeopathic and other quacks, prescribing chemists, "advanced views" as regards vaccination, and a wholesale submission by medical men to the dictates of their patients; though professedly 'a set of very good fellows,' we are more like a lot of Kilkenny cats, and we thoroughly illustrate Darwin's law of the survival of the fittest." And yet students are crowding into the profession in larger numbers than ever known in the history of British medicine.

EVERYONE seems pleased that the proceedings of the Director of the *Pall Mall Gazette* "Secret Commission," and his accomplices, are to be subjected to a thorough investigation in a court of law.

Whether they themselves have been guilty of any of the disgusting crimes and outrages which they have charged others with committing wholesale, remains to be proven, but it is pretty certain that they would have been less lavish in the expression of virtuous indignation at the crimes of others had they the remotest idea that they would have been called upon so soon to appear in the dock to answer charges of a similar description.

THE monthly magazine issued by Messrs. Burgoyne, Burbridge and Co., wholesale druggists, contains an extraordinary story of a cure of rheumatism by the use of an external application known in America and Australia as "St. Jacob's Oil." The subject of the cure is a man, named Edward Evans, aged forty-nine, formerly in the employ of Messrs. Davey and Moore, glass bottle manufacturers, Albion Street, King's Cross, London. He states that: in 1873 he was prostrated with rheumatism, and failing to get relief from several physicians he consulted, he became an out-door patient of St. Mary's Hospital, where he was treated for several months, and discharged incurable. He then became an inmate of Paddington Workhouse Infirmary, and remained in that institution for six years. He also had six weeks' treatment at Buxton Hospital, using the baths and mineral waters without relief. For six years previous to last June he states that he was never free from pain, his joints were swollen, and physicians told him to consider himself a confirmed invalid. On the 15th of that month a fellow inmate of the workhouse recommended him to try the St. Jacob's Oil. He thus describes its effects:—"The use of this so reduced the swelling of my limbs, and drove away the pain, that in the course of a week I was able to walk as I had not been for years. I began to sleep comfortably and soundly. All my pain was gone. And now, after having been a cripple for years, and having been pronounced by physicians as incurable, been treated at hospitals and infirmaries without receiving any benefit, I am not only entirely free from suffering, but I have regained the use of my limbs sufficiently to resume work, and I am able for the first time for years to support myself, and to contribute to the support of my children. I was, on the 7th day of August, 1885, upon my own application, discharged from the Paddington Workhouse and Infirmary." On the face of it this seems an extraordinary cure, but one would like to hear what the workhouse doctor has to say about it. Some pauper invalids are given to gross exaggeration.

THE current number of the *Provincial Medical Journal* contains a life-like portrait of Dr. Ferrier, F.R.S., Professor of Forensic Medicine at King's College Hospital, whose researches on the functions of the brain, and its diseases, have gained for him a place in the front rank of original workers in medical science.

THE case of a drunken cabman who fell off his box, fractured his skull and was taken to St. George's Hospital, ought to be taken to heart by all house-surgeons. Symptoms of injury to the head were

not very obvious at first, and thinking the case was only one of too much drink, the house-surgeon declined to admit him. It will be remembered that the poor wretch died in the police-station a few hours after, as the *post-mortem* examination revealed, from fracture of the skull, and at the inquest the house-surgeon narrowly escaped a vote of censure. In his instructions to house-surgeons on their appointment, a former President of the Royal College of Surgeons always cautioned them against sending patients away from the hospital, if brought in insensible with a history of a blow on the head. "If," he used to say "the coma is due to drink, a few hours will declare the fact and no harm is done beyond temporary occupation of a bed; but if, as often happens, it is a case of drink, *plus* injury to the brain, your caution is rewarded by preserving your own character as a surgeon, and the reputation of the hospital." By remembering this advice, such unhappy incidents as this which has raised a mighty storm of indignation among London cabdrivers will be of rare occurrence.

A young man has just been discharged as convalescent from St. Bartholomew's Hospital, whose case is one of the most remarkable ever treated in that institution. Two months ago the young man in question, who was employed as a clerk in a solicitor's office in Queen Victoria Street, City, was admitted to the hospital, having shot himself in the forehead with a revolver. He was unconscious, and apparently in a dying state, and on examination it was found that the bullet had entered the forehead, and lodged in the brain. At first it was considered a hopeless case, and that it would be useless to attempt to extract the bullet. Subsequently, however, efforts were made with this object, but without success. In a few days the young man regained consciousness, and in about a fortnight he had so far recovered that he was removed from the accident ward. He was then free from pain, and could converse in a rational manner. Renewed efforts were then made to extract the bullet, but again without success, and the patient was allowed to take his chance, with the result as above stated, that he is now able to take his discharge from the hospital. It is to be hoped that he will profit by this experience, and not repeat the experiment.

PERIPATETICUS.

Original Papers.

THE ESSENTIALS OF TOXICOLOGY.

By ARMAND SEMPLE, B.A., M.B. Cantab, M.R.C.P. London, Physician North Eastern Hospital for Children; Author of "Aids to Chemistry," &c.
(Continued from page 243.)

VEGETABLE POISONS.

HYOSCYAMUS NIGER. HENBANE.

Contains an alkaloid, hyoscyamia.

Symptoms.—Come on somewhat suddenly from a few minutes to half-an-hour after the reception of the poison. There may be a little excitement, giddiness,

pains in head, flushed face, rapid full pulse, succeeded by laboured breathing, incoherent talk or loss of power to talk, sight becoming indistinct, perverted, or quite destroyed. Later there is loss of power in the legs, with shaking of the limbs, and tetanoid movements of the muscles. Two effects are constant, viz., dilated pupils, and uncontrollable delirium, usually very violent, either alternating with or terminating in coma.

Occasional symptoms have been dryness of throat, diarrhoea and vomiting, and a scarlet eruption on the skin.

The seeds and root have both proved poisonous at times, varying from a few hours to some days, but recovery has taken place in most instances.

Treatment.—The same as of belladonna poisoning.

Post-Mortem Appearances.—Nothing more than congestion of the brain and its membranes.

Mode of Extraction from the Stomach.—The chief point is to find portions of the leaves, or of the seeds. It is almost impossible to isolate the alkaloid, but important evidence would be yielded if a residue were obtained which, when applied to the eye of a cat, produced dilatation of the pupil.

NARCOTICS.

TOBACCO. NICOTIANA TABACUM.

The whole of the tobacco plant contains an alkaloid, nicotina, united to malic and citric acids, as malate and citrate of nicotina, and also tobacco camphor or nicotianin, a concrete volatile oil. It has been stated that these principles are present in whatever form tobacco is taken. In French samples of tobacco about 7 to 8 per cent of nicotine are present. The Kentucky and Virginia tobacco contain from 6 to 7 per cent. In Havannah tobacco not more than 2 per cent is present.

Symptoms of Poisoning.—Tobacco is essentially a powerful sedative. There are confusion and giddiness, tremblings of the limbs, much depression and faintness, with anxious countenance and cold clammy sweats, frequently vomiting, and occasionally purging, accompanied by violent pains in the abdomen. The pulse gradually becomes very weak and quivering, and sometimes hardly perceptible; the breathing more and more difficult, vision is impaired, and death is ushered in with convulsions more or less severe, and paralysis more or less perfect. The state of the pupil varies, being sometimes natural, sometimes contracted, and sometimes dilated; more often the last.

Treatment.—Vomiting should be produced as soon as possible by means of emetics, or the stomach pump should be used, animal charcoal at the same time being injected into the stomach. Pain should be relieved afterwards by opium, and stimulants should be given.

Post-Mortem Appearances.—These are not characteristic. There is generally congestion of the stomach, the vessels of the brain, lungs, and liver, being filled with black blood, and the heart empty. The blood is generally liquid, but black and resembling treacle. Nicotine should be looked for in the lungs, liver, and stomach.

Quantity Required to Destroy Life.—The external application of a decoction of tobacco for a skin affection has proved fatal, as well as half a dram used as an injection. The application of tobacco leaves to the skin has produced death, whereas recovery is recorded after the injection of an infusion of five leaves and half-an-ounce of snuff.

Period at which Death takes Place.—Symptoms commence quickly and end rapidly. Death has resulted from nicotine in three minutes; and with tobacco in 15 minutes.

Mode of Extraction from the Stomach.—Pieces of tobacco should be looked for with a lens, and examined microscopically. Their peculiarity consists in the hairs found on them. The organic liquid should be digested with water acidified with acetic acid, filtered, and the filtrate treated with acetate of lead; again filtered, and the excess of lead precipitated by sulphuretted hydrogen, the black lead sulphide being filtered off. The filtrate should be treated with caustic potash, the clear supernatant fluid being poured off and then distilled, after which a fluid with the odour and reactions of nicotine will be yielded. The action of the residue should be tried upon small birds; or on a rabbit if there be sufficient; the usual symptoms being immediate disorder of the respiration, vomiting, tremors, loss of muscular power, convulsions and stupor.

Tests for Nicotine.—1. The odour is characteristic. 2. Corrosive sublimate yields a white crystalline precipitate, changing to yellow, and soluble in acetic and hydrochloric acids. This is a very delicate test. It must be remembered that corrosive sublimate gives a precipitate with most alkaloids, but this precipitate is almost always amorphous. With strychnine the precipitate is crystalline, but it is nearly insoluble in acetic acid.

SMOKING.

Tobacco in every form is a poison. Death has resulted from excessive smoking, and hard smoking has led to paralysis of the portio dura, whilst dyspepsia and extreme nervous symptoms are common results. Perhaps in moderation tobacco may have a soothing influence, but there can be no possible doubt that its excessive use may lead to a train of miserable symptoms. Blindness, or tobacco-amaurosis has been stated to be caused by it. Some discussion has taken place with respect to the active agent in tobacco smoke. By some authors it is regarded as a product of the decomposition of the nicotine, and not the nicotine itself, since the presence of this alkaloid in the smoke has been disputed.

Others think that the harmful effects are due to the vapours of cyanide and sulphide of ammonium, and these substances have been stated to be invariably present, more or less, in tobacco smoke. According to Eulenberg and Vohl no nicotine was found in tobacco smoke even when the tobacco employed contained 1 per cent. In their analysis the evolved gases consisted of oxygen, nitrogen, carbonic anhydride, sulphuretted hydrogen, and marsh gas, in company with various bases, but not the smallest trace of

nicotine. They consider that bases of a substance termed pyridine are responsible for the injurious effects of smoking.

Heubel, of Kieu, however, asserts that nicotine is present in the smoke of tobacco as a salt of the alkaloid, and especially when the combustion is not very rapid. Also that nicotine is present in tobacco as a stable salt of that alkaloid, and that the nicotine derived from the smoke of a single cigar will suffice to produce convulsions, paralysis, and death in a frog.

Death has been caused by snuff, and even the fact of sleeping among bales of tobacco leaves, has been stated to produce symptoms of poisoning. The effects produced upon work-people in tobacco manufacture was the subject of inquiry by the Paris Academy of Medicine some years ago, and the following facts were obtained: When the workmen were first admitted they suffered from headache and nausea, and frequently diarrhoea, symptoms which, as a rule, passed off in 8 to 15 days. The women suffered more than the men. When these people became acclimatised they rarely suffered further, and appeared to be specially proof against ague, phthisis, neuralgia, scabies, and dysentery. In those who had been at work for at least two years, a peculiar grey tinge of skin was observed, showing that some distinct change was going on in the system. No nicotine was discovered upon analysing the urine and blood of these work-people, but the tobacco emanations killed a rose tree in the work-room. Finally, in a few exceptional cases, the bad symptoms were not overcome by time.

(To be continued.)

Medical News.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, August 27th, 1885;—R. A. Bostock, 73, Onslow Gardens, S. W.; E. W. Emtage, 1, Endsleigh Gardens, N.W.; O. R. A. Julian, St. Bartholomew's Hospital; H. B. Mathias, Minehead, Somersetshire; E. T. Milner, Crescent, Salford, Manchester; A. Thomas, Towey House, Wellingborough.

MEDICAL VACANCIES.—The following vacancies are announced. Abingdon Union. Medical officer. Salary, £130 per annum. Applications by September 19th.—Birmingham General Dispensary. Resident surgeon. Salary, £150 per annum. Applications by September 22nd.—Brighton and Hove Dispensary. House surgeon. Salary £140 per annum. Application by October 5th.—Cancer Hospital (Free), Brompton, S. W. Resident House-Surgeon. Salary, 60 guineas per annum. Applications to the Chairman of the Weekly Board by September 21st.—Cancer Hospital (Free), Brompton, S. W. Assistant House-Surgeon. Salary £35 per annum. Applications to the Chairman of the Weekly Board by September 21st.—Chester General Infirmary. Visiting Surgeon. Salary, £80 per annum. Applications by September 18th.—Evelina Hospital for Sick Children, Southwark Bridge Road, S.E. Registrar and Chloroformist. Salary, £30 per annum. Applications by September 15th.—Hospital Home for Paying Patients. Resident Medical Officer. Salary, £100 per annum. Applications to M. S. Mountfield, Bonchurch, J. W.—Leeds Friendly Societies' Medical Association. Surgeon. Salary, £200 per annum. Applications to C. H. Wilson, 9, Elmwood Green, Camp Road, Leeds.—Manchester Hospital for Consumption and Diseases of the Throat. Medical Officer. Salary, £60 per annum. Applications by September 16th.—Manchester Royal Infirmary. Resident Surgical Officer. Salary, £150 per

annum. Applications to the Chairman of the Board by September 12th. National Dental Hospital, 149, Great Portland Street. Assistant Dental Surgeon. Applications by September 29th.—Newport Infirmary and Dispensary. House-Surgeon. Salary, £100 per annum. Applications by September 12th.—Radcliffe Infirmary, Oxford. Resident House-Surgeon. Salary, £80 per annum. Applications by September 12th.—St. Bartholomew's Hospital, Chatham. Assistant House-Surgeon. Salary, £100 per annum. Applications by September 19th.—Sussex County Lunatic Asylum, Hayward's Heath. Junior Assistant Medical Officer. Salary, £100 per annum. Applications by September 16th.—University of Aberdeen. Examiners in Medicine. Applications to the Secretary, R. Walker, University Court.

MEDICAL APPOINTMENTS.—G. R. Foulerton, M.R.C.S., L.R.C.P.Lond., House-Surgeon to the Royal Isle of Wight Infirmary, Ryde.—D. Lloyd Roberts, F.R.S.E., F.R.C.P.Lond., Physician to St. Mary's Hospital, and Lecturer on Clinical Obstetrics and Gynaecology at the Owens College, Obetetric Physician to the Manchester Royal Infirmary.—J. C. Voigt, M.D. Edin., Resident Medical Officer and Visiting Surgeon to the Southport Infirmary and Dispensary.

SOCIETY OF APOTHECARIES OF LONDON.—The following passed their examination in the science and practice of medicine, and received certificates to practice on Thursday, Sept. 8rd:—Charles Albert Adams, 53, Devonshire-street, N.; Richard Andrews, M.R.C.S., Chestnut-grove, New Malden; William Henry Brown, Oxburgh Rectory, Brandon; Julius Labey, 34, Palace-road, Upper Norwood; Arthur Nicholas Little, M.R.C.S., 1, Highbury-place, Cotham; Frank Postlethwaite, M.R.C.S., 41, Oxford-road, Bristol. On the same day the following passed their examinations in the science and practice of medicine, surgery, and midwifery, and received certificates to practise—viz., Charles John Holtom, Stoke-hall, Stoke-upon-Trent; Lewis Walter Pockett, Belgravia, Goole, Yorkshire. The following passed their primary professional examination:—Arthur George Mellefont O'neagh, University College; Ernest Hearnden, Guy's Hospital; William Hook, Westminster Hospital.

NOTICE.

Gentlemen who have recently passed medical examinations will be doing a public service by forwarding copies of the questions, written and oral.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, SEPTEMBER 12, 1885.

EDITORIAL AND PERSONAL.

A CLEVER capture of a card-sharper was effected a few days ago by a surgeon-dentist named Dewes, who was supposed to be an innocent victim by a party of card-sharpers in whose company he was travelling. The Chevaliers of Industry, after several ineffectual attempts to induce their fellow-passenger to join their game, his excuse being based on lack of funds, at length, through one of their number becoming his banker for £25, secured him as a partner in the game. The dentist naturally lost all the money so obligingly advanced, and as he firmly declined to reimburse before the morning of the next day but one following the transaction, the expectant sharper was, perforce, compelled to accept

those terms. On the day in question Mr. Dewes prudently secured the services of a police officer as witness of his interview with the pasteboard manipulator, from whom he demanded references as to respectability before "parting." These proofs of *bona fides* not being forthcoming, the representative of the "force" extended his closest attention to the visitor, who accordingly figured on Monday last in the dock of Marylebone Police Court, when he was remanded with a view to further investigation. The circumstances of this extremely creditable performance are well worth remembering, and the suggestions they offer ought to be utilised in future interviews between the card-sharpping fraternity and their hoped-for victims.

THE picture of the "Apostle of Purity" standing his trial for outraging the statutes for the protection of children, is a striking commentary on the temporary triumph of the filth propaganda which he so ably "directed." From the enthusiastic plaudits of Hyde Park demonstrators to the indignant execrations of Bow Street crowds is indeed a terrible descent; and, as the "chief director" heard the yells of the mob surrounding the police court during his surreptitious escape from its precincts *vid* a back door, he was, it may be hoped, in part convinced that manufactured sensation, however apparently successful for a time, will, sooner or later, recoil upon its inventors. The pitiful story of Eliza Armstrong, as unfolded by the prosecuting counsel and the youthful victim herself, presents a striking contrast to the concocted statements contained in the fanciful accounts which were published in the *Pall Mall Gazette*, and furnished, by the fancy of the "Chief Director," with such accompaniments of filth that even a strong sense of his duty could not persuade Mr. Poland to defile his lips by reading. But, perhaps the most instructive lesson taught by the investigation now in progress is one that is the very reverse of that which the "Director" pretended to inculcate. He sought to show that nothing could be easier than to carry out the system of outrage, and to sow the unending misery he has depicted; whereas he has only succeeded in proving that even the semblance of such an attempt brings down upon the offender the fleet and powerful hand of the law, which not only protects against abuse, but suffices even for the punishment of pretended outrage also.

"The Uncrowned King" is likely to have some curiously constituted subjects if ever his ambition should be realised, especially among the savages who still remain in the uncivilised western wilds of Ireland. In this region, wit and humour seem to have attained a development such as is inconceivable to minds unconscious of the "wrongs" endured by an "unhappy" country; and the last example of Irish pleasantry communicated to us from this part of this kingdom is less funny to us than it is, probably, to the sympathisers with rebellion. The "joke" was perpetrated at a wake, and consisted in slipping a red-hot poker down the back of one of the mourners, whose prolonged attention to the staple product of Irish industry had resulted in a drunken sleep. Aroused to consciousness by the pain, and

thus affording infinite amusement to the beings whom the "Liberator" extols as nature's chivalry, the miserable wretch, maddened by the torture he endured, at length plunged into a pond, seeking in vain, relief from the injury he had sustained. National tastes differ to a great extent, as is evidenced by the inability we experience in following the humours of this display of hilarity, on a par, as it is, with similar outrages on other people's cattle and property.

At the recent examination for the prizes in botany, given annually to medical students by the Society of Apothecaries, the successful candidates were—First, Edward Deanealy, University College; second, Frederick William Lewitt, St. Mary's Hospital.

ABOUT a fortnight ago Mr. Frederick Treves, of the London Hospital, performed the operation of ovariectomy in that institution, on a patient aged 36, who was in the seventh month of pregnancy. The tumour was a very large unilocular cyst, which had contracted adhesions with the diaphragm, so that some little difficulty was experienced in its removal, but it was at length successfully detached. On the day following the operation the temperature rose to 102 for a short time: but with this exception the mercury never once registered over 100°, and a sufficient reason for this temporary rise is to be found in the fact that the woman was prematurely confined of a still-born child. The subsequent history of the case is one of unbroken progress. On the third day union of the wound had occurred; on the sixth the only dressing to it consisted of iodoform powder, and a layer of lint, and on the eighth day the patient was practically well, and left the hospital within the fortnight. Mr. Treves, in all cases of abdominal section, insists on one invariable rule, viz., that for 24 or 30 hours absolutely no food shall be given, and in the shape of liquid nothing but a little hot tea if vomiting is present, he having found this of much greater service in checking it than iced fluids. Mr. Treves has never yet lost a case of ovariectomy.

We regret to hear of the serious illness of Dr. James Russell, of Birmingham, whose retirement from the active staff of the General Hospital we announced early in the year. It was hoped that the release from much arduous work would bring about an improved state of health; but that hope has, unfortunately, not been fulfilled.

THE twenty-second annual British Pharmaceutical Conference opened in Aberdeen on Tuesday, Mr. W. B. Stephenson, Edinburgh, President. Delegates were present from all parts of the country. The President, in his address, traced the true character and statutory position of pharmacy as an integral part of the medical profession. He urged, first, that where pharmaceutical work was to be done, it should be assigned to the pharmacist, as was generally the case in Scotland. In the second place, if pharmacy were the art of preparing drugs, and it were a statutory entity, and the Pharmaceutical

Society its statutory exponent, surely the Society ought by right to have a considerable share in compiling the pharmacopoeia. In the third place, if pharmacy were a professional pursuit, it should be remunerated on the basis of a professional fee. In the fourth place, he referred to the qualifications of the pharmacist. The whole argument on the point was contained in the construction of the Act of 1869, which provided an examination test. This was as far, he thought, as the Legislature could go. In the fifth place, he urged professional pharmacists to discontinue quackery and banish it from their ranks as alien to the true spirit of pharmacy.

THE British Dental Association commenced their annual meeting at Cambridge on Monday, Dr. John Smith presiding. The number of members was reported to be 562, and the association was declared to be in a progressive condition. London was selected as the place of meeting next year, with Sir Edwin Saunders as president-elect. At the conclusion of Dr. Smith's address, the chair was taken by Dr. Richard White, of Norwich, who suggested the establishment of a degree of dental surgery at Cambridge.

Examination Questions.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following were the questions set at the Examination for the Diploma of Membership on July 21st, 1885:—

Surgical Anatomy and the Principles and Practice of Surgery.—1. Describe the operation you would perform for excision of the wrist-joint. Enumerate in order the parts that would be divided or displaced in the operation. 2. Describe the deep cervical fascia, more especially in reference to the course of deep-seated suppuration. 3. To what causes may dysphagia be due? How would you investigate a case so as to obtain a correct diagnosis? 4. Under what circumstances would you amputate for compound fracture into the knee-joint? 5. Give the differential diagnosis by which you would distinguish scirrhus from other tumours of the breast. Describe the anatomical characters of the growth. 6. Enumerate the causes which may give rise to irritable bladder, and state the treatment which you would adopt in each case.

Principles and Practice of Medicine.—1. Discuss the subject of general dropsy; its causes; how to distinguish them; and the treatment in different circumstances. 2. Give the causes, symptoms, course, complications, pathological appearances, and treatment of typhoid fever. 3. Discuss the causes of scurvy, and the mode in which they are supposed to act. Describe its symptoms, prevention, and treatment. 4. State the drugs, with their doses, and write prescriptions in English, suitable in the following conditions:—Sleeplessness, obstinate vomiting (with and without organic disease of the stomach), facial neuralgia, an attack of acute rheumatism, a fit of gout, ague.

Midwifery and the Diseases of Women.—1. What is a brow presentation? How does it affect the course of labour? 2. What forms of rupture of the genital canal are met with, and in what circumstances are they produced? 3. Describe the oophalotribe and its use. 4. What swellings are met with in the pelvis behind the uterus? How would you distinguish between them?

UNIVERSITY OF EDINBURGH.

SECOND PROFESSIONAL EXAMINATION.

Materia Medica.—1. What are the characters, chemical reactions, and medicinal uses of permanganate of potash? 2. What are the chemical reactions of sulphate of copper? Describe its actions and uses in large and in small doses respect-

ively; and state the doses by which its chief therapeutical effects are produced. 3. Give an account of the pharmacology of strychnia. 4. What is curare? what is its action on the motor nerves? and with what object has it been employed in the treatment of disease? 5. In what different forms do we meet with *Cannabis Indica*? Give an account of its physiological action and therapeutical uses—describing, in detail, the symptoms produced by large doses.

Notices of Books.

THE ALPINE WINTER CURE.*

We are very much gratified at being able to herald a new edition of Dr. Tucker Wise's excellent work. In these days of extended travel, when the stay-at-home Briton has become rather the exception than the rule, Alpine tourism has received a fresh impetus from the improved facilities of locomotion offered by modern enterprise; and to many a tourist great real advantage will result from perusing our author's excellent resume of his observations in the mountain health station of the Grisons. His observations connected with the Maloja Plateau, are of the highest order, as of all the Upper Engadine. A good portion of the book has been devoted to a careful description of a Kursaal, the first attempt as yet to establish such a building in this cold climate. An ingenious plan has been devised for the purpose of introducing ozone into the building, and we warmly commend the study of this contrivance, as described in this work, to the reader. An useful embellishment is furnished by a very good map, showing the exact route to the health resort so graphically described in Dr. Tucker Wise's pages, a guide, in short, from Charing Cross to Maloja. An exhaustive meteorological observation table forms a fitting addition to a work anent a region where climate, and therefore meteorology, enter so highly into sanitary consideration. The author terminates his excellent work by a tabular comparison of the four health resorts: Wiesen, Maloja, Davos Platz, and St. Moritz. While warmly commending the perusal of Dr. Wise's able book to all intending Alpine travellers, we can safely promise a wide field of entertaining instruction as well to all practitioners of medicine to be obtained by reading it.

OLIVER'S URINE TESTING.†

The third edition of Dr. Oliver's valuable little manual of instructions for examining the urine at the bedside, is both a larger and a more complete guide than either of its predecessors. What it loses, however, in regard to smallness of proportions, it gains many times over in the way of increased usefulness, and especially is this noticeable in the additional chapters, wherein Dr. Oliver records his later observations and experience. We have already spoken in terms of the highest praise of the earlier editions of this little work, and we can only once more repeat that it will be found of invaluable service as a guide to the employment of those direct modes of examination by the introduction of which Dr. Oliver did so much for practical medicine.

THE NEW PHARMACOPŒIA.‡

After an interval of some eighteen years, the General Medical Council have issued a new Pharmacopœia, and not, we may add, before it was urgently required. The advance of pharmacy and therapeutics is very rapid now-a-days, and in a very few years new remedies become established in professional favour, even if they have not received the stamp of official recognition, whilst chemical researches and practice in

pharmaceutical operations add to our knowledge of the characters of drugs, as also of the best methods of their preparation.

In the present edition, the new system of chemical notation has been adopted throughout, the old system, which is now obsolete, being entirely omitted. In the nomenclature of chemical substances some changes have been made, with a view to remove previously existing inconsistencies, and to reconcile the names used in the Pharmacopœia with one another, as also with those employed by modern scientific chemists.

As might have been expected, and indeed was absolutely necessary, a large number of new medicines have been introduced, but the Pharmacopœia Committee have been careful only to include those which have been generally adopted by the medical profession. Among the additions are *Acidum Boricum*, *Acidum Lacticum*, *Acidum Salicylicum*, *Aloin*, *Caffeine*, *Coca*, *Codeine*, *Extractum Cascare Sagrado*, *Jaborandi*, *Gelsemium*, *Iodoform*, *Lamelles Atropinæ*, *Cocaine*, *et Physostigmæ*, *Menthol*, *Oleate of Zinc*, *Sandal Oil*, *Ol. Eucalypti*, *Nitrate of Pilocarpine*, *Sulphocarbolate of Soda*, *Thymol*, *Tinctura Chloroform*, *et Morphine*, a substitute for *Chlorodyne*, &c. Among the omissions are *Areca*, *Cadmium*, *Castoreum*, *Decoctum Ulmi*, *Enema Tabaci*, *Ferri Iodidum*, *Ferri Oxidum Magneticum*, *Hydrargyri Iodidum Viride*, *Mistura Gentianæ*, *Rhamni Succus*, *Syrupus Rhamni*, *Ulm Cortex*, &c.; most of them unimportant substances, and which, with perhaps the exception of *Hydrargyri Iodidum Viride*, will scarcely be missed. We congratulate the Committee on the completion of their labours, and feel certain that the verdict of the profession will be almost unanimous in declaring that they have executed their work with great discrimination, skill, and judgment.

NOTICES TO CORRESPONDENTS.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

MR. DE LE GREY.—It has, we understand, been decided not to publish the list of successful candidates at the examination you refer to. Thanks for kind expressions and promises of support.

THE CARDIFF MUSEUM.—In our report on the Exhibition of Drugs, &c., at Cardiff (HOSPITAL GAZETTE, August 29th, p. 263), the firm of Southall Bros. and Baralay, of Birmingham, was inadvertently described as of Manchester.

MR. GAMON.—The paper is very acceptable, and shall appear as soon as can be arranged. We have directed proofs to be forwarded to you.

MR. GREEN.—We accept your offer with many thanks, and will write you at an early date.

ERRATA.—In the last number of the GAZETTE, in an article on Endocardial Murmurs, the word *aortic* was made to appear in a series of new and original dresses, for the variety of which we find difficulty in accounting. It has been suggested that the tropical heat effected such distortions of the initial capitals as led to the extraordinary appearance they present; be this as it may, we regret the occurrence, and have replaced those responsible for the blunders with new and living substitutes.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Mr. De le Grey, Plympton; Dr. Jeffreys, Chesterfield; Dr. Greenfield, London; Mr. R. Johnson, Bradford; Mr. Smyth, Nottingham; Messrs. Savory and Moore, London; Mr. W. Davies, Birmingham; Dr. J. D. Staple, Plymouth; Messrs. Southall and Co., Birmingham; Mr. J. J. Adderley, Torquay; "Inoog;" The Treasurer, Guy's Hospital; Mr. Fingland, Liverpool; Mr. F. W. E. Green, St. Bartholomew's Hospital.

* The Alpine Winter Cure; with Notes on Davos Platz, Wiesen, St. Moritz and the Maloja, by A. T. Tucker Wise, M.D., L.R.C.P., M.R.C.S. London: Baillière, Tindall and Son, 20, King William Street, Strand, W.C.

† Bedside Urine Testing, by G. Oliver, M.D., London, H. K. Lewis, third edition.

‡ The British Pharmacopœia (1885), published under the direction of the General Council of Medical Education and Registration of the United Kingdom. London: Spottiswoode and Co., Gracechurch Street.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply.

FORBES'S Clinical Medicine, 3s. 6d., published at 10s. 6d. 124

NORRIS on the Physiology and Pathology of the Blood, 2s. 6d.; Henry Smith's Surgery of the Rectum, Fifth Edition, 2s. 6d. Bumstead and Taylor's Venereal Diseases, 4s. 6d. 159

BRODIE on Curvature and Disease of the Spine, Third Edition; Heather Biggs' Manual of Orthopraxy, and Warrington Howard's Treatise on Orthopaedic Surgery; all good as new; the lot, 5s. 160

HANCOCK'S Anatomy and Surgery of the Human Foot, 3s.; Duncan's Diseases of Women, 4s. 6d. 161

A BEAUTIFUL Perin's Artificial Eye, for learning to use ophthalmoscope. Almost new. £1 10s. A rare chance. 114

WILL Sell all my Bones, including Prepared Upper and Lower Extremities, Shewing Vessels, Ligaments, &c. "Offers,"—42, Harold Street, Camberwell.

APARTMENTS, newly-furnished. Students seeking a comfortable home for exceedingly low items, with or without board, where assistance in Anatomy and Physiology would be, if required, rendered free, should apply—42, Harold Street, Camberwell. Highest references given. Address as above.

Answers to numbered Advertisements to be addressed, under cover, care of Baillière, Tindall, and Cox, 20, King William Street, Strand, W.C.

ST. BARTHOLOMEW'S HOSPITAL AND COLLEGE.

CLASSES FOR THE UNIVERSITY OF LONDON MATRICULATION EXAMINATION.

TWO Classes are held at St. Bartholomew's Hospital in each year for the convenience of gentlemen who are preparing for the Matriculation Examination at the University of London—from October to January, and from March to June. Fee for the course of three months, £10 10s.

PRELIMINARY SCIENTIFIC EXAMINATION.

Two classes are held in the subjects required for the Preliminary Scientific Examination, and both include all the subjects and practical work. One class begins on October 6th, and continues till July 10th; a second class begins September 1st, and continues till January 16th.

General Biology—T. W. Shore, M.B., B.Sc. Lond.

Chemistry and Mechanical and Natural Philosophy—E. Womack, M.B., B.Sc., Demonstrator of Natural Philosophy to the Hospital.

Fee for the whole course (to students of the Hospital), £10 10s., to others, £12 12s.

For further particulars, apply to the Warden of the College, St. Bartholomew's Hospital, E.C.

A detailed Syllabus of the Classes forwarded on application.

DOWN BROS.' OSTEOLOGY.

Disarticulated Skulls, 21s., 25s., 30s., 35s.

Half Skeletons, 45s. and 63s.

Complete Skeletons, £4 4s., and £5 5s.

(Five per cent. Cash Discount.)

DOWN BROS., 3, St. Thomas's Street,
(OPPOSITE GUY'S HOSPITAL), LONDON, S.E.

ARNOLD & SONS' NEW POCKET MEDICAL EMERGENCY CASE.

Containing Hypodermic Syringe, Needle, and six compartments for Discs and Perles.

Suggested by Dr. T. F. PEARSE, Liphook.

Vide THE LANCET, Feb. 24th, 1883; Vide BRIT. MEDICAL JOURNAL, March 17th, 1883.

Price—NEW POCKET MEDICAL EMERGENCY CASE, 17s. 6d.

ARNOLD & SONS, Instrument Manufacturers by Appointment to H.M.'s Government
St. Bartholomew's Hospital, &c., 35 & 36, WEST SMITHFIELD, LONDON, E.C. Established 1819.



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Anti-Dyspeptic Cocoa or Chocolate Powder.

Guaranteed Pure Soluble Cocoa, of the finest quality, without Sugar or Admixture.

The high degree of Solubility and perfect purity attained is solely due to the careful manipulation and delicate mechanical treatment of the finest quality of Cocoa Beans, with the excess of fat extracted. Four times the strength of Cocoa thickened yet unadorned, with arrowroot, starch, &c., and in reality cheaper than such mixtures, a teaspoonful to a breakfast cup costing less than one halfpenny.

Cocoatina is specially adapted for Ships, Camps, Sportsmen, Anglers, &c.

In air-tight tins, at 1s. 6d., 2s., 3s. 6d., 10s. 6d., &c., by Chemists, Grocers, Confectioners, &c.

Adopted as a "Medical Comfort" in the Hospitals and Ships of H.M. Royal Navy.

Sole Proprietors, H. SCHWEITZER & Co., 10, Adam Street, Strand, London, W.C.

The best and most complete Text-Book,

In Two Vols., nearly 1000 Illustrations, Rewritten and Enlarged, Second Edition, price 31s. 6d.

GANT'S SURGERY.

By F. J. GANT, F.R.C.S., Senior Surgeon to the Royal Free Hospital; assisted by Drs. ROBERT BARNES, MORELL, MACKENZIE, MAHOMED, PURVES, Messrs. W. ADAMS, F.R.C.S., HY. POWELL, F.R.C.S., C. S. TOMES, F.R.S., SIR ERASMUS WILSON, F.R.S.

"Mr. Gant's able and laborious work."—*The Lancet*.
"May be safely recommended to Students."—*British Med. Jour.*
"One of the best and most reliable of text books."—*Med. Press*.

"A very complete and trustworthy guide to practice."—*Med. Times*.
"The king among text-books in surgery."—*New York Med. Jour.*
"The best of surgical text-books."—*Students' Journal*.

BAILLIERE, TINDALL & COX, 20, KING WILLIAM STREET, STRAND, LONDON, W.C.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE.

NEWCASTLE-UPON-TYNE.

THE WINTER SESSION will be opened on October 1st, 1885, at 2 p.m., in the Wood Memorial Hall, when the Scholarships and Prizes will be presented by Gainsford Bruce, Esq., Q.C.

LECTURES—WINTER SESSION.

Anatomy—Dr. Mears.
Physiology—Mr. Williamson and Dr. Oliver.
Chemistry—Professor Bedson, D.Sc.Lond.
Medicine—Professor Philipson, M.A., M.D., D.C.L., F.R.C.P.
Surgery—Dr. Heath and Dr. Arnison.
Hygiene—Mr. Henry E. Armstrong.
Psychology—Mr. Wickham.
Physics—Professor A. S. Herschel, M.A., F.R.S.
Zoology—Professor Brady, M.A., F.R.S.

SUMMER SESSION.

Botany—Dr. Murphy.
Materia Medica—Mr. McBean.
Practical Chemistry—Professor Bedson.
Practical Physiology—Dr. Oliver.
Midwifery—Dr. Neaham.
Diseases of Women—Dr. Gibson.
Medical Jurisprudence—Mr. Page.
Therapeutics—Dr. Barron.
Pathology—Dr. Drummond.
Operative Surgery—Dr. L. Armstrong.
Tutor in Arts—Rev. J. Bulmer, B.D.

LICENCES, DEGREES, AND CERTIFICATES IN MEDICINE, SURGERY, AND SANITARY SCIENCE.—Two Licences, Three Degrees, and One Certificate are conferred by the University of Durham, viz.:—Licences in Medicine and in Surgery, the Degrees of Bachelor in Medicine, Master in Surgery, and Doctor in Medicine, and a Certificate of Proficiency in Sanitary Science.

Attendance at the University of Durham College of Medicine during one of the four years' of professional study, or subsequently to qualification elsewhere, is required as part of the curriculum for the Degrees, except in the case of Practitioners of more than fifteen years' standing, and forty years of age, who can obtain the degree after examination only.

There are Three Examinations for the degree of M.B.; the First, consisting of Elementary Anatomy and Physiology, Chemistry, Physics, and Botany; the Second, of Anatomy, Physiology, Materia Medica, and Pharmacy; and the Third, of Medicine, Surgery, Midwifery, and the allied subjects. Candidates who shall have passed the First and Second Examinations for the Degree, will be exempt from the First and Second Examinations of the Conjoint Board in England. Candidates who shall have passed the First Examination of the Conjoint Board in England will be exempt from the First Examination for the Degree, except in the subject of Chemistry and Physics, in which they will be re-examined.

The First and Second Examinations for the Degree of M.B. may be passed prior to the commencement of attendance at Newcastle.

The extra Arts Examination must be passed previously to the Candidate's entry for the Third Examination for the Degree.

Lists of the questions of former Examinations, together with full particulars and synopsis of the subjects, will be found in the Prospectus, which may be obtained by application to the Registrar.

SCHOLARSHIPS, &c.—The following Scholarships and Prizes are awarded annually: a University of Durham Scholarship, value £100, for proficiency in Arts, awarded to full students in their first year. The Dickinson Scholarship, value £15 and a Gold Medal, for Medicine, Surgery, Midwifery, and Pathology. The Tulloch Scholarship, value £20, for Anatomy, Physiology, and Chemistry. The Charlton Scholarship, value about £35, for Medicine. The Gibb Scholarship, value £25, for Pathology. The Goyder Memorial Scholarship (at the Infirmary), value about £15, for Clinical Medicine and Clinical Surgery. At the end of each Session, a Silver Medal and Certificates of Honour are awarded in each of the regular classes. An Assistant-Curator of the Museum is annually appointed from among the Senior Students. Four Assistant Demonstrators of

UNIVERSITY OF DURHAM—continued.

Anatomy, receiving each an honorarium of £5, two Prosectors, two Assistant Physiologists, are elected yearly. Two Pathological Assistants, two Assistants to the Dental Surgeon, and one Assistant in the Eye Department are also elected every three months. Medical and Surgical Assistants, Clinical Clerks and Dressers, are appointed every three months.

NEWCASTLE-ON-TYNE INFIRMARY.

MEDICAL AND SURGICAL STAFF.

Physicians—Drs. Philipson, Drummond, Oliver, and Limont. Surgeons—Drs. Arnison, L. Armstrong, Hume, and Mr. Page.

Assistant-Surgeons—Mr. T. H. Dodd, and Mr. Williamson. Pathologist—Dr. Drummond.

Dental Surgeon—Mr. E. Fothergill.

House Physician—Mr. J. Waldy.

Senior House Surgeon—Mr. G. W. Ridley.

Junior House Surgeon—Mr. F. Bramwell.

The Infirmary contains 280 beds. There are special Wards for the treatment of Children, and for Ophthalmic and Syphilitic Diseases. Clinical Lectures are delivered by the Physicians and Surgeons in rotation. Pathological Demonstrations are given as opportunity offers by the Pathologist. Practical Midwifery can be studied at the Newcastle Lying-In Hospital, where there is an out-door practice of about 500 cases annually.

Lectures are given on Psychological Medicine at the Colclough Lunatic Asylum, by R. H. B. Wickham, Medical Superintendent.

FEES.

(a) A Composition Ticket for Lectures at the College may be obtained—

1. By payment of 60 guineas on entrance.
2. By payment of 35 guineas at the commencement of the first and second Winter Sessions.
3. By three annual instalments of 30, 25, and 20 guineas respectively, at the commencement of the seasonal year.

(b) Fees for attendance on Hospital Practice—

For three months Medical and Surgical Practice, 5 gu.

“ six “ “ “ 8 “

“ one year's “ “ 12 “

“ perpetual “ “ 25 “

or by three instalments at the commencement of the seasonal year—viz., first year, 12 guineas: second year, 10 guineas; third year 6 guineas. Or by two instalments—viz., first year, 14 guineas; second year, 12 guineas.

(c) Single Courses of Lectures or Tutorial classes, 5 guineas.

Fees for Lectures, &c., at the College must be paid to the Registrar, and fees for Hospital Practice to the House Physician at the time of entry.

Further particulars with regard to examinations may be obtained from Dr. Luke Armstrong, 26, Clayton-street, West, Newcastle-upon-Tyne; or, on all other matters connected with the College, from Mr. Henry E. Armstrong, 6, Wentworth Place, Newcastle-on-Tyne.

UNIVERSITY OF DURHAM.

DURING the Medical Year 1885-1886, Examinations will be held as follows:—

The EXAMINATION for the Certificate of Proficiency in SANITARY SCIENCE, will begin on September 21st, 1885, and on April 26th, 1886. The First Examination for Degrees in MEDICINE and SURGERY under the New Regulations will begin on September 14th, 1885, and April 19th, 1886. The First Examination under the Old, and the Second Examination under the New Regulations for Degrees will begin September 21st, 1885, and April 26th, 1886.

The Examination for the Degree of M.D., for Practitioners of fifteen years' standing, and for the Degree of M.D., and the final Examinations for the Degrees of M.B. and M.S. will begin on December 7th, 1885, and again on June 21st, 1886.

Intending candidates must forward their names, together with the fee, at least 28 days before the date of commencement of the Examination for which they wish to enter.

Full particulars, prospectuses, and examination papers may be obtained on application to the Registrar of the University of the Durham College of Medicine, Dr. Luke Armstrong, Clayton Street West, Newcastle-on-Tyne.

THE LONDON HOSPITAL AND MEDICAL COLLEGE, MILE END, E.

THE SESSION 1885-6 will COMMENCE on Thursday, October 1st, 1885. As the College will be in course of enlargement there will be no Public Distribution of Prizes this year. **FOUR ENTRANCE SCHOLARSHIPS**, value £80, £40, £30, and £20, will be offered for competition at the end of September to new students. Fees for Lectures and Hospital Practice, 90 guineas in one payment, or 100 guineas in three instalments. All resident and other Hospital appointments are free, and the holders of all the resident appointments are provided with rooms and board entirely free of expense. The resident appointments consist of Five House-Physicians, Five House-Surgeons, One Accompanist, and One Receiving Room Officer. Two Dressers and Two Maternity Pupils also reside in the Hospital. Special Classes for the Preliminary Scientific and Intermediate M.B. Examinations of the University of London, and for the Primary and Pass Examinations for the Fellowship of the Royal College of Surgeons of England are held throughout the year. Special entries may be made for Medical and Surgical Practice. The London Hospital is now in direct communication by rail and train with all parts of the Metropolis, and the Metropolitan, Metropolitan District, East London, and South-Eastern Railways have stations within a minute's walk of the Hospital and College.

For prospectus and particulars apply personally or by letter to
MUNRO SCOTT, Warden.
Mile End, E.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL,

ALBERT EMBANKMENT, LONDON, S.E.

THE WINTER SESSION of 1885-6 will commence on **OCTOBER 1st**, when an Introductory Address will be delivered by **A. O. MACKILLAR, Esq., M.Ch.**, at 3 p.m. **TWO ENTRANCE SCIENCE SCHOLARSHIPS**, of £100 and £60 respectively, open to all First Year Students, will be offered for competition. The Examination will be held on the 5th, 6th, and 7th of October, and the subjects will be Chemistry and Physics, with either Botany or Zoology, at the option of Candidates.

Special Classes are held throughout the year for the **PRELIMINARY SCIENTIFIC and INTERMEDIATE M.B.** Examinations of the **UNIVERSITY OF LONDON**.

All Hospital Appointments are open to Students without extra charge.

Scholarships and Money Prizes of considerable value are awarded at the Sessional Examinations, as also several Medals.

The Fees may be paid in one sum or by instalments. Entries may be made to Lectures or to Hospital Practice, and special arrangements are made for Students entering in their second or subsequent years; also for Dental Students and for Qualified Practitioners.

Several Medical Practitioners and Private Families residing in the neighbourhood receive Students for residence and supervision, and a register of approved lodgings is kept in the Secretary's office.

Prospectuses and all particulars may be obtained from the Medical Secretary, **Mr. George Rendle.**

W. M. ORD, Dean.

THE MIDDLESEX HOSPITAL MEDICAL SCHOOL.

THE WINTER SESSION will open on Thursday, **OCTOBER 1st**, at 3 p.m., with an Introductory Address by **Dr. J. K. Fowler, M.A.** After the Lecture the Prizes awarded during the past Winter and Summer Sessions will be distributed.

Two Entrance Scholarships, value £25 and £20 per annum tenable for two years, and an Entrance Science Scholarship, of £50, will be competed for on September 29th, and following Days.

For Prospectus, or further information apply to the Dean, or the Resident Medical Officer at the Hospital.

CHARING CROSS HOSPITAL MEDICAL SCHOOL.

SESSION 1885-86.

THE Session will commence on Thursday, **OCTOBER 1st.**

The Hospital contains 180 beds, making with the fifty beds of the adjoining Royal Westminster Ophthalmic Hospital, to the practice of which Matriculated Students are admitted, a total of 250 beds available for clinical teaching.

Two ENTRANCE SCHOLARSHIPS, of the value of £30 and £20 respectively, are awarded annually in October, for which candidates are required to give notice of their intention to compete on or before Monday, September 21st.

FEES.—For the curriculum of study required by the various Examining Bodies and hospital practice, 90 guineas in one sum or 100 guineas in five instalments. The Composition Fee for Dental Surgery is £42 2s. payable in two instalments.

* * The hours of Lectures have been specially rearranged to suit the convenience of Dental Students. Charing Cross Hospital is within three minutes' walk of the Dental Hospital of London.

A prospectus, containing much additional information, will be forwarded on application to the Secretary, who attends daily at the Office of the School, Chandos Street, Charing Cross, between the hours of Ten and Four.

J. MITCHELL BRUCE, M.A., M.D., Dean.

LONDON HOMŒOPATHIC HOSPITAL AND MEDICAL SCHOOL.

GREAT ORMOND STREET, BLOOMSBURY.

WINTER SESSION 1885-86.

THE WINTER SESSION will COMMENCE on **MONDAY, OCTOBER 5TH**, at 5 p.m., when the annual **HAHNEMANNIAN ORATION** will be delivered by **Dr. Dyon Brown, M.A., M.D.**, after which the Lectures and Hospital Practice in the Wards and Out-Patients' Department will be resumed.

Full particulars may be obtained from the Honorary Secretary of the Medical School, **Dr. J. Galley Blackley**, who will attend at the Hospital on Mondays and Thursdays from 2.30 to 4.30 p.m. for the purpose of giving information to intending students.

By Order,
G. A. CROSS, Secretary.

September, 1885.

VICTORIA UNIVERSITY.

DEGREES IN MEDICINE AND SURGERY. Full particulars as to Courses of Study, Examinations, &c., may be obtained from the Registrar.

An Entrance Examination in Arts (recognised by the General Medical Council) will be held in Owen's College, Manchester, and University College, Liverpool, on Monday, October 5th, and following days.

Candidates who are not members of the University will be required to pay a fee of £1, and to furnish the Registrar with a certificate from their last instructor or some other suitable person, stating that they are proper persons to be admitted to the Examination. Notice of intention to be present at the Examination must be given in writing to the Registrar on or before September 19th.

A. T. BENTLEY, M.A.,
Manchester. Registrar.

ST. BARTHOLOMEW'S HOSPITAL AND COLLEGE.

THE WINTER SESSION will begin on Thursday, **OCTOBER 1st, 1885.**

Students can reside in the College within the Hospital walls, subject to the College regulations. The Hospital comprises a service of 750 beds, including 75 for convalescents at Swanley. For further particulars, apply, personally or by letter, to the Warden of the College, **St. Bartholomew's Hospital, E.C.**

A Handbook forwarded on application.

DR. J. COLLIS BROWNE'S CHLORODYNE.

IMPORTANT CAUTION.

From Lord Chancellor SELBORNE, Vice-Chancellor Sir W. PAGE WOOD, and the LORDS JUSTICES OF APPEAL.

The extraordinary medical reports on the efficacy of Chlorodyne render it of vital importance that the public should obtain the genuine, which bears the words, "DR. J. COLLIS BROWNE'S CHLORODYNE" on the Government Stamp.

Vice-Chancellor Sir W. Page Wood stated that Dr. J. COLLIS BROWNE was undoubtedly the inventor of Chlorodyne, that the whole story of the Defendant Freeman was deliberately untrue.

Lord-Chancellor Selborne and Lord Justice James stated that the Defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

It was proved in Court, on affidavit by Mrs. Forbes, of Paris, that the testimonial published in the *Times*, November 14th, 1865, speaking of the great efficacy of Chlorodyne in Cholera, referred to Dr. J. COLLIS BROWNE'S Chlorodyne, and that she never used any other; and she had written to the Defendant Freeman to that effect, notwithstanding which notice the Defendant publishes the said testimonial as referring to his medicine.

The Editor of the *Medical Times*, in his report on Chlorodyne, January 13th, 1866, gives information that the Chlorodyne referred to was the medicine introduced by a retired Army Medical Officer, which was Dr. J. COLLIS BROWNE; still this is published by the Defendant as testimony to his medicine.

Numerous affidavits from eminent Physicians and others were produced in Court, stating that Dr. J. COLLIS BROWNE was the inventor of Chlorodyne, and that when prescribed they mean no other.

The Defendant himself publishes that his compound is, in effect and composition, quite different to any other preparation; nevertheless, he assumes the name, testimonials, &c., of Chlorodyne.

After these public statements in a Court of Equity, and subsequent confirmation by the Trade at large, no Chemist can conscientiously use or sell any other compound for Chlorodyne, without committing a breach of faith, unjust to patient and physician. The value of the remedy alone creates the great demand.

Sold in Bottles—1s. 1½d., 2s. 9d., 4s. 6d., and 11s. Usual Discount to the Profession.

Sole Manufacturer, J. T. DAVENPORT, PHARMACEUTIST,
33. GREAT RUSSELL STREET, BLOOMSBURY SQUARE, LONDON.

Gold Medal specially awarded to Mackey, Mackey & Co. at the International Health Exhibition, 1884,

MEDALS—Cape Town, 1877; Brighton Health Exhibition, 1881; Cork Exhibition, 1883.

Highest award also given at the Exhibition of the Sanitary Institute of Great Britain at Dublin, 1884.

ANTISEPTICS, DISINFECTANTS AND DEODORISERS.

The adoption of Mackey, Mackey & Co.'s Disinfectants in the House of Lords, House of Commons, Government Offices, Sanitary Authorities and Public Institutions throughout the country testify to their excellence and superiority. Samples will be forwarded to Medical Officers of Health. DESCRIPTIVE PRICE LISTS ON APPLICATION.

The only Genuine QUINQUININE (Registered).

Extensively used in Hospital and Private practice.

"Birmingham, 18th April, 1881.—'Mackeys' Quinquinine is a good tonic and agrees with the stomach better than the old Sulphate of Quinine.—J. POSTGATE, F.R.C.S."

Mr. OLDFIELD writes from Bloemfontein, S. Africa:—"Please send me Mackeys' Quinquinine, it suits here better than Quinine."

The only Genuine MISTURA BISMUTHI COMP. (Registered).

Bears the name of **MACKAY, MACKAY & Co.,** Inventors and Makers.

The Lancet says—"Bismuth could hardly be given in a better form."

Patentees and Sole Manufacturers of Ammonio Citrate of Cerium and Neutral Soluble Salts of Cerium.

MISTURA CERII CO.

is particularly successful in all cases of vomiting in Pregnancy, of irritable stomach, Dyspepsia, &c.

It allays vomiting (no matter the cause) when all other remedies have failed.

To secure the best and only genuine articles, do not omit to specify **MACKEYS'.** May be obtained from the Makers or through the Wholesale Houses.

MACKAY, MACKAY & Co. are Manufacturers of the NEW SOLUBLE TRANSPARENT AND PEARL COATED PILLS of the Pharmacopoeias and private formulae as required. These Pills possess numerous advantages over the Pills of other makers.—*They never crack or split. The coating does not peel off. They are moderate in price. The ingredients are carefully selected, and of the best quality. The coating, which dissolves in about half a minute, is put on while the mass is soft, thus keeping the Pill in a perfectly soluble condition. It is unimpaired by age, is quite transparent, and the taste of the Pills is perfectly covered. The excipients chosen tend to preserve the soluble character of the Pill, and increase the medicinal effect of the drug.*

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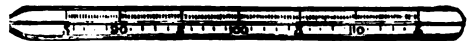
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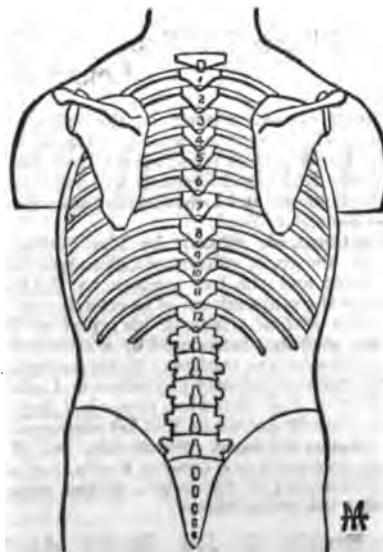
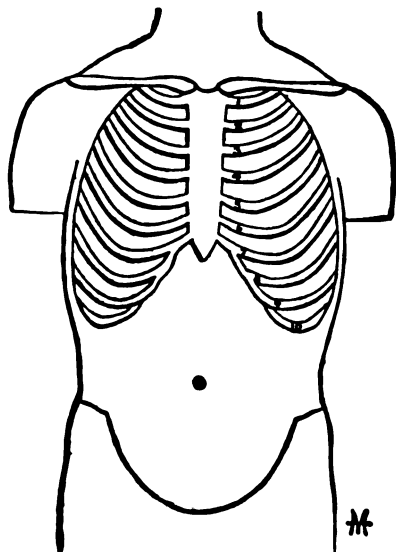
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From Lord Chancellor SELBORNE, Vice-Chancellor Sir W. PAGE WOOD, and the LORDS JUSTICES OF APPEAL.

The extraordinary medical reports on the efficacy of Chlorodyne render it of vital importance that the public should obtain the genuine, which bears the words, "DR. J. COLLIS BROWNE'S CHLORODYNE" on the Government Stamp.

Vice-Chancellor Sir W. Page Wood stated that Dr. J. COLLIS BROWNE was undoubtedly the inventor of Chlorodyne, that the whole story of the Defendant Freeman was deliberately untrue.

Lord-Chancellor Selborne and Lord Justice James stated that the Defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

It was proved in Court, on affidavit by Mrs. Forbes, of Paris, that the testimonial published in the *Times*, November 14th, 1866, speaking of the great efficacy of Chlorodyne in Cholera, referred to Dr. J. COLLIS BROWNE's Chlorodyne, and that she never used any other; and she had written to the Defendant Freeman to that effect, notwithstanding which notice the Defendant publishes the said testimonial as referring to his medicine.

The Editor of the *Medical Times*, in his report on Chlorodyne, January 13th, 1866, gives information that the Chlorodyne referred to was the medicine introduced by a retired Army Medical Officer, which was Dr. J. COLLIS BROWNE; still this is published by the Defendant as testimony to his medicine.

Numerous affidavits from eminent Physicians and others were produced in Court, stating that Dr. J. COLLIS BROWNE was the inventor of Chlorodyne, and that when prescribed they mean no other.

The Defendant himself publishes that his compound is, in effect and composition, quite different to any other preparation; nevertheless, he assumes the name, testimonials, &c., of Chlorodyne.

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WINTER SESSION, 1885-86.

the commencement of the Winter Session next we shall resume the weekly issue of the GAZETTE, and have much pleasure in announcing that we have arrangements for the introduction of some new features which will make the GAZETTE more interesting and valuable, both to the student and practitioner.

ORIGINAL PAPERS FOR STUDENTS.

In the first place we shall resume the publication of extremely valuable papers (illustrated) by Dr. J. Bell Hewett, on "Pathology," and Dr. Armand Trousseau on "The Essentials of Toxicology;" and we commence a series of papers written specially for students, on "Aids to Ophthalmology," by Dr. Pollock, of Glasgow.

THE OPERATING THEATRE.

Our readers will, we are sure, be gratified to hear that we have made arrangements for a special series of lectures to attend the chief Metropolitan hospitals, operating days to report particulars of the chief operations performed upon, and the surgical methods employed by the various operators.

CLINICAL RECORDS.

For the purpose also publishing on a more extended scale than hitherto clinical records illustrating new methods of treatment, and the use of new drugs and remedies by hospital physicians and surgeons, and in this department we beg the assistance of our correspondents attached to, or studying at, the various General and Provincial hospitals.

ENLARGEMENT OF THE "GAZETTE."

In order to carry out the new programme, we are obliged to permanently enlarge the GAZETTE from twelve to sixteen pages, and more as our demands, which will necessitate an increase in the price of single copies from one penny to two.

We have resolved, however, not to make an increase in the price to annual subscribers, but are sure that we shall be more than repaid by the increase in their number, which will mostly follow these improvements. The annual subscription will, therefore, be six shillings, as at present, post free; but, unless paid in advance, it will, in all cases, be charged extra.

We may say that, apart from any increase in the price of the GAZETTE, we should have been obliged to raise the price of single copies. Although the weekly sales have, during the past year, reached several hundreds, by the time publishing expenses and news agents' commission have been deducted our net receipts have fallen short of what has been necessary to pay for the cost of printing. Our friends and supporters do not, we believe, wish us to run the GAZETTE at a loss, and will cheerfully submit to a small increase in price of single copies.

Our best thanks are due to our local friends and contributors for their kind support during the past fourteen years, and we trust, with their generous help, to make the GAZETTE, during the coming session, more popular and useful than in any previous period of its history.

Contributions to our columns will be thankfully received by the Editor, care of Messrs. Baillière, Tindall and Cox, 20, King William Street, Strand.

The Hospital Gazette.

SATURDAY, SEPTEMBER 26, 1885.

The Medical Students' Vade Mecum;

OR,

Hints to those about to enter the Medical Profession.

INTRODUCTION.

THE principal event in connection with the medical history of the past twelve months, as far, that is, as the interest of students is concerned, has relation to the active operations of the new Examining Board for England, formed by the union of the two Royal Colleges in London. The effect of this innovation is, that no student whose registration dates on or after October 1st, 1884, is now permitted to obtain separately, either the License of the Royal College of Physicians, or the Diploma of Member of the Royal College of Surgeons, but is required, should he desire either of these qualifications, to undergo the examinations success in which entitles to both. In another part of our present issue will be found a full account of the regulations applying to this new examination, and in this place it is only necessary to add, that while approving of the scheme in its general features, we are of opinion that the fee at present charged for the diplomas is excessive. We are glad to know, however, that as soon as the necessary powers to do so can be obtained, it is intended to reduce the amount payable by candidates, and so bring the cost of this highest general qualification more nearly on an equality with that charged by less (educationally) exacting examining bodies elsewhere.

Those students whose studies commenced earlier than October 1, 1884, may still take the diplomas singly; but they are privileged, at their option, also to enter for the double qualification under the new regulations; and inasmuch as no additional test in the way of examination, further than passing the final in all three divisions, is demanded of them, beyond what they have already complied with at either college, we strongly recommend this mode of procedure to them.

A word or two must be written respecting the movement set on foot by the combined colleges, for securing to those possessing the double qualification the right to assume the title of "Dr." A joint committee of the two corporations has reported favourably on the righteousness and justice of such a course, and the whole subject will come under full discussion almost immediately; the result of which will, in all probability, be to give this most desirable and necessary protection to those who have succeeded in obtaining the twofold license.

CHAPTER I.

Preliminary Education, Registration, &c.

The profession of medicine is controlled by a body of twenty-four gentlemen, elected by the Universities, the Crown, and the various medical corporations, and which regulates the conditions under which students are registered, both at the commencement of their career and on its successful completion by

the gaining of a qualification to practice. This body is the General Council of Medical Education and Registration, and is usually known as the "Medical Council." It orders that no one shall enter upon the study of medicine, or rather that no medical studies will be recognised, until after the student has passed a satisfactory examination in general education, which shall comprehend the following subjects:—1. English Language, including grammar and composition. 2. English History. 3. Modern Geography. 4. Latin, including translation from the original and grammar. 5. Elements of Mathematics, comprising:—a. Arithmetic, including vulgar and decimal fractions; b. Algebra, including simple equations; c. Geometry, including the two first books of Euclid, or the subjects thereof. 6. Elementary Mechanics of solids and fluids, comprising the elements of statics, dynamics, and hydrostatics. 7. One of the following optional subjects:—a. Greek, b. French, c. German, d. Italian, e. any other modern language, f. Logic, g. Botany, h. Elementary Chemistry.

Some bodies specially insist on Greek, and care should be taken to comply with this demand, if possible, at the time of the preliminary examination, even when it is possible to postpone it to a later season, which in all probability will be found not to be so convenient. All who seek to attain to the higher grades of the profession should take a degree in arts, if possible, before entering on their strictly professional studies; and this can be done at Cambridge comparatively easy and inexpensively. A degree in arts gives a stamp to a man which is of unspeakable value to him in after life.

The preliminary examination passed, the student should, as soon as he conveniently can, enter upon his medical studies, and in order that the time may count as part of his four years' curriculum he must register his certificate at the office of the General Medical Council, 259, Oxford street, W., or that of the Branch Registrar in Scotland, 13, Albany Street, Edinburgh, or in Ireland, 35, Dawson Street, Dublin. This is necessary, if the student desires to spend the first year with a general practitioner or at a country hospital, so as to enable the time thus spent to be included in the period of medical study. But when the student begins by entering a medical school, he must register the actual commencement of his hospital studies as being likewise the date of the commencement of medical studies. It is now the practice for the return required by the General Medical Council to be sent in by the school authorities. A registration must in any case take place within fifteen days of the beginning of medical studies, at whatever time that may be, no time previous to this counting.

Various opinions are held respecting the most advisable mode of commencing the studies to be pursued within the official period over which the curriculum extends. There are two paths open to the student, each of which possesses certain advantages: by the one plan, a year or a year and a half is spent in pupillage under a general practitioner, and according to the other, entry is immediately made at a medical school, and steady preparation at once commenced with a view to examination in the anatomical and physiological subjects. Respecting the two plans of procedure here referred to, we cannot do better than repeat the advice given previously in these columns, and which has been found of service by several who have followed it. In our opinion the only proper method of commencing study is by becoming the pupil for about twelve or eighteen months of a medical man in general practice, or by entering as a pupil at a provincial hospital, having no medical school attached. A year thus spent is recognised as part of the four years' course, and the knowledge that may be acquired in materia medica, dispensing and compounding drugs, minor surgery, and the general routine of practice will be of incalculable value in after life. It too often happens that those who have not had the advantage of a year's pupillage with a practitioner find that when they are qualified they have the rudiments of their profession to learn, and are utterly unfitted to enter upon practice. We have known university graduates, highly qualified, quite unable to write a proper prescription for an ordinary disease, and in blinding ignorance of all pertaining to the dispensing of medicines. For the present pupillage is out of fashion, but we believe it will become more popular, even if it is not insisted upon by the General Medical Council, at no distant date.

Among the provincial hospitals at which arrangements for resident pupils have been made, we may mention the following:

—Derbyshire General Infirmary 150 beds, Devon and Exeter Hospital 250 beds, Royal Albert Hospital, Devonport 115 beds, Sunderland Infirmary 110 beds, St. George's Infirmary, Oxford 100 beds, Sussex County Hospital, Brighton 105 beds, Hull General Infirmary 100 beds, Wolverhampton and South Staffordshire General Hospital 210 beds.

CHAPTER II.

Choice of a Medical School.

In making choice of the particular school at which to pursue the study of medicine, it is probable that the student will be influenced by several considerations, among the chief being reports of friends, the question of comparative expense, contiguity to home, &c. In the case of provincial students residing within reach of a hospital having a medical school attached, it may be at once said that the first two years at least may be spent at such school at least as advantageously as at a metropolitan hospital, and especially when Manchester or Newcastle-in-Tyne is in question, since students at these centres are privileged to obtain the higher degree qualifications with only a slight additional outlay of time and labour. Generally speaking, however, it is always advisable when possible, to complete the curriculum by attending a first-class London hospital during the final year and a half or two years, after the primary examinations have been passed. Such a course ensures not only wider professional experience, but also an invaluable social training gained by association with greater numbers than can be possible in provincial towns. The disadvantage attending such proceeding is that resident appointments, such as house-physician, house-surgeon, &c., being usually reserved as rewards for full students, they cannot be held by men who pursue their studies at the hospitals concerned during only a portion of their time.

The discussion respecting large and small hospitals need not be detailed here. At the former it is often the case that, despite the large amount of teaching material available, the excessive number of students acts rather as a hindrance to knowledge, inasmuch as the teachers being limited, individual instruction can never be expected from them. At small schools, on the contrary, the few benefit by direct contact with their teachers, but it may once for all be urged that gives a will and a determination to learn, the student of medicine can find ample opportunity of advancing himself, under whatever circumstances, as to hospital surroundings, he may find himself. A more pertinent consideration is the one of cost. The fees charged at the various schools are not uniform. While some demand a composition fee in London of 90 guineas, or even less, the majority fix it at 125 guineas; and we cannot but view this disparity with regret, feeling that an agreement in this connection is very much to be desired, for reasons that are sufficiently apparent.

MEDICAL SCHOOLS OF LONDON.

The London schools are the following:—St. Bartholomew's, Charing Cross, Guy's, St. George's, King's College, the London, the Middlesex, St. Mary's, the University College, Westminster, and St. Thomas's, and we shall notice them in alphabetical order, first, however, giving a list of entrance scholarships offered to students at London hospitals.

The above are for males only. There is also a Medical College for Women in full operation, in Henrietta-street, Brunswick-square. The clinical instruction is given in the Wards of the Royal Free Hospital.

ENTRANCE SCHOLARSHIPS.

St. Bartholomew's Hospital.—In Science, one of £130 for one year. Limited to candidates under 25 years of age, and one of £120, limited to candidates under 20. In Arts one of £50 tenable for one year.

Charing Cross Hospital.—Two entrance scholarships, £30 and £20. Subjects (compulsory):—English, Latin, French, or German and mathematics. Optional (one only may be selected):—Chemistry, mechanics, German or French. The subjects and authors will be the same as those chosen for the London matriculations of the preceding June.

Guy's Hospital.—Two open scholarships, value 125 guineas each have recently been established: one in the subjects of preliminary education, the other in science, viz., inorganic chemistry, zoology, botany, physics.

g's College.—Two Warneford Scholarships of £75 each—al Literature and Science; two Clothworkers' Company rships, one of £50 and one of £100 per annum, each e for two years—Science; two Sambrooke Scholarships, £60 and one of £40—Literature and Science.

don Hospital.—Two entrance scholarships in natural s, £60 and £40. Subjects:—Physics, botany, zoology, rganic chemistry. Two "Buxton" scholarships, £30 and £20. Subjects same as preliminary exam- for the membership at the College of Surgeons of ad.

Mary's Hospital.—Four scholarships of £50 each in l science are awarded each year. Subjects:—Inorganic try, and either mechanical philosophy, botany, or y, at the option of the candidate, also one scholarship of

liser Hospital.—Two entrance scholarships, £25 and £20 o years. Subjects:—Latin, Greek, French, or German, natics, natural philosophy, chemistry, botany, and y. Candidates may select any three, and not more, of ve subjects; but only one modern language and two the last three subjects are permitted.

homas's Hospital.—Two entrance scholarships in natural , £100 and £60. Subjects:—Physics, chemistry, botany, ology, the same as for the preliminary scientific exam- of the London University.

erinity College.—Three entrance exhibitions, £100, £60, Subjects:—Same as for preliminary scientific of London city. The examination to take place on the 26th and st.

minster Hospital.—Two entrance scholarships, value d £40 respectively. Subjects:—Latin, mathematics, philosophy and chemistry, and French or German.

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LNCH SCHOLARSHIPS—vide Chapter II.

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-For attendance on lectures and hospital practice, 132 in instalments, or in one sum of 125 guineas. Further ion may be obtained of the Warden, St. Bartholomew's , E.O.

CHARING CROSS HOSPITAL

Is situated in Agar Street, Strand. It contains 180 beds. The Royal Westminster Ophthalmic Hospital, with 60 beds, is in connection with it.

SCHOLARSHIPS, PRIZES, &c.—*The Llewellyn Scholarship*, £25, open to students who have completed their second year. Subjects:—Anatomy, physiology, materia medica, medicine, surgery, and midwifery. *The Golding Scholarship*, £15, open to students who have completed their first year. Subjects:—Anatomy, physiology, materia medica, and chemistry. *The Pereira Prize* of £5, open to students who have completed their third year. Subject:—Clinical reports of cases. *The Governor's Gold Medal.*—Open to matriculated students who have completed, at the end of the current session, their attendance on the practice of the hospital. Candidates are examined on the subjects of the clinical lectures delivered during the session, and on cases in the wards of the hospital. *Silver Medals.*—Silver medals are awarded in all the classes. *Bronze Medals.*—Where two sessions' attendance on a course is required, a bronze medal is awarded in the junior class, in addition to the silver one in the senior class. *Certificates of Honour* are awarded in both senior and junior classes to those who have obtained a marked degree of excellence.

APPOINTMENTS.—*Medical Registrar*, salary £40 per annum; *Surgical Registrar*, salary £40 per annum; *House Physicians* (2), *House Surgeons* (2), *Resident Obstetrical Officer*; *Clinical Clerks*, *Dressers*, *Pathological Assistants*, *Class Assistants*. The above appointments are open to matriculated students without extra fee.

Clinical instruction is given daily by the medical officers, and special clinical lectures are given weekly. Systematic courses of practical medicine and practical surgery are now estab- lished.

Fees.—The fees for the entire course of lectures and hospital practice amount to 90 guineas if paid in one sum, or 100 guineas if paid in five separate instalments of nearly equal amounts. The composition fee for dental surgery is £42 2s. Further information may be had of the Librarian, of the Dean, Dr. J. Mitchell Bruce, or of the Sub-Dean, Mr. J. Cantlie, F.R.C.S., Charing Cross Hospital, W.C.

THE DENTAL HOSPITAL

The London School of Dental Surgery is in connection with the Dental Hospital of London. Practical instruction in subjects specially pertaining to dental surgery is accom- panied by systematic teaching under the conditions required by the regulation for the license granted by the College of Surgeons.

Lectures are given in dental anatomy and physiology (human and comparative), dental surgery and pathology, mechanical dentistry, and metallurgy in its application to dental purposes. General fee for the special lectures and hospital practice re- quired by the curriculum, £31 10s.; for hospital practice only (two years), £15 15s. Further particulars may be obtained of the Dean, Mr. Morton Smale.

Particulars respecting the license in dental surgery will be furnished by the Secretary of the Royal College of Surgeons of England, Lincoln's-Inn-Fields.

ST. GEORGE'S HOSPITAL

This hospital is situated at Hyde Park Corner. It contains 351 beds, 205 for surgical, and 146 for medical cases. There are special wards for diseases of the eye and diseases of women.

APPOINTMENTS.—*House-Physician.*—Tenable for twelve months; board and residence provided. *House-Surgeon.*—Tenable for twelve months; board and residence provided. *Assistant House-Physician.*—Tenable for six months. *Assistant House-Surgeon.*—Tenable for six months. *Obstetric Assistant.*—Annually. Salary, £100 per annum. Board and residence in the hospital. *Curator.*—Appointed annually. Salary £50 per annum. *Microscopical Pathologist.*—Appointed annually. Salary, £25 per annum. *Registrars.*—A medical and a surgical registrar are appointed annually. Salary, £50 per annum each. *Assistant Medical Registrars.*—Two every six months. These offices must be held before competing for the appoint- ment of Assistant House-Physician. *Ophthalmic Registrar.*—Appointed annually. Salary £25 per annum. *Ophthalmic Assistant.*—Appointed from time to time to assist the Ophthal-

mic Surgeon and take charge of his cases during his absence. *Assistant Surgeon Registrar*.—One appointed from time to time. *Demonstrator of Anatomy*.—Appointed annually. Salary, £50 per annum. A *Senior Assistant Demonstrator* is also appointed. Salary £20.

EXHIBITIONS AND PRIZES.—*The William Brown Exhibition*.—£100 per annum for two years. For perpetual pupils who have obtained diplomas within two years of date of examination. Subjects: Medicine, midwifery, and surgery, including ophthalmic surgery. *The William Brown Exhibition*.—£40 for three years, for perpetual pupils of third or fourth winter sessions. Subject: "General fitness for the medical profession." *Brackenbury Prizes*.—One in medicine, one in surgery, value £40. For pupils who have not completed their fourth year, whether qualified or not. *Sir Charles Clarke's Prize*.—Interest of £200 consols. For good conduct and clinical work. *The Thompson Medal* for clinical proficiency. *Sir Benjamin Brodie Prize* for clinical surgery. *Ackland Prize* for clinical medicine. *Henry Charles Johnson Prize* for practical anatomy. *The Treasurer's Prize* for clinical proficiency. *General proficiency Prizes* for first year's students in anatomy, physiology, chemistry and botany, value 10 guineas. For second year's students, in anatomy, physiology, chemistry, and materia medica, value 10 guineas. The students of third year in medicine, surgery, pathology, and midwifery, value 10 guineas.

Scholarships.—One of £125 for sons of medical men who have entered the school during the current year. Two of £50, open to commencing students. Subjects for all three scholarships: Latin, French, or German; physics. Examination, October 5th. One of £90, open to students who have passed the first M.B. Cambridge since October, 1884. One of £75, open to those who have passed the first M.B. Oxford, or first and second M.B. Cambridge.

Fees.—For perpetual pupils, £130 in instalments, or £125 in one sum. For dental surgery, £55.

Further information may be had of Dr. Wadham, the Dean of the school, and from the resident medical officer of the hospital.

GUY'S HOSPITAL.

Is situated in the Borough, near London Bridge. It contains accommodation for 695 patients; 50 being for ophthalmic, and 26 for obstetric cases.

APPOINTMENTS.—*House-Physicians*.—One junior and two senior; they hold office for six months; two months as juniors and four months as seniors; receive board and lodging. *House-Surgeons* hold office for four months, two as juniors and two as seniors. *Obstetric Residents*, two in number, have rooms and commons in hospital. Each holds office for two months, one as junior and one as senior. *Clinical Assistants*.—Eighteen annually are selected from students who have been Clinical Ward Clerks. *Surgeons' Dressers*.—Twenty-four annually are selected from students who have completed their third winter, and have been diligent as Surgical Ward Clerks, Assistant-Surgeons' Dressers, and Dressers in the Surgery. There are also a large number of Assistant-Surgeons' Dressers, Dressers in the Surgery, Dressers in the Eye Ward, Aural Surgeons' Dressers, &c., appointed at intervals.

SCHOLARSHIPS, PRIZES, &c.—Two *Gold Medals* are given annually to students who have not exceeded their fourth year, for clinical medicine and clinical surgery; one medal being awarded in each subject.

Voluntary Examinations are held at various periods of the student's course, as follows: At the end of the first summer session, for two scholarships of £50 and £25, and a prize of £10 10s. Subjects: Anatomy, physiology, materia medica, chemistry, and botany, or comparative anatomy. At the end of second summer session: *The Joseph Hoare Prizes* of £25 and £10. Subjects: Anatomy and physiology. *The Sands Cox Scholarship*, value £15, tenable for three years. Subjects: 1. Physiology and physiological chemistry; 2. Physics. *The Michael Harris Prize*, value £10—human anatomy. *The Gurney Hoare Prize*, value £25, for reports of six medical and six surgical cases. At the end of third summer session, for two scholarships of £35 and £20. Subjects: Medicine, surgery, midwifery, and medical jurisprudence.

Fees.—For hospital practice and lectures: first year, £50; second, £50; third £37 10s. On payment of this instalment

the student is entitled to a perpetual ticket. One payment of 125 guineas entitles a student to a perpetual ticket.

Further information may be obtained of Dr. Taylor, the Dean, Guy's Hospital, London, S.E.

KING'S COLLEGE AND HOSPITAL.

KING'S COLLEGE is situated in the Strand, next to Somerset House, and the hospital is in Portugal Street, Lincoln's Inn.

APPOINTMENTS.—The offices of House-Physician, Assistant House-Physician, House-Surgeons, Assistant House-Surgeons, Resident Accoucheur, Assistant Resident Accoucheurs, Clinical Clerks and Dressers, and Dentists' Assistants, are all open to matriculated students, and appointments are made every six months after examination.

SCHOLARSHIPS, PRIZES, &c.—Class I. *Warnford Scholarships*. Class I., two of £25 for three years. Class II., for resident medical students, one of £25 for two years.

College Scholarships.—1. One of £40 for two years for students of third and fourth years. 2. One of £30 for one year, for students of second and third years. 3. Three of £20 for one year for students of first year.

Daniell Scholarship, value £20, for two years; open to every student for work in the chemical laboratory, *Sambrooke Registrarships*.—Two of £50 per annum each; one in medicine and one in surgery. Open to associates or matriculated students who have held resident appointments. *Science Exhibition*, given by the Clothworkers' Company.—One of £100, for two years, for proficiency in four of the following subjects: Mathematics, mechanics, chemistry, botany, physics, zoology. *Leather's Prizes*.—A Bible and Prayer Book. *Warnford Prizes*.—Two medals and books, value £20 each. *Class Prizes*.—Books of the value of £3 are awarded annually in each subject. *Todd Medical Clinical Prize*.—A bronze medal, value four guineas. *Medical and Surgical Clinical Prizes*.—£3 and £2. *Jelf Medal*.—To candidate who is second at senior scholarship examination. *Tanner Prize*.—Value £10 for proficiency in diseases of women and children and obstetrics. *Carter Medal and Prize*.—Value £15 for proficiency in botany.

Fees.—The College and Hospital fees for matriculated students amount to £125 in one sum, or £135 in the following instalments:—£60 on entrance, £50 at beginning of second winter, £25 at beginning of third winter. Medical tutor's fee, £3 3s. for first year's subjects.

Further information may be obtained from the College Calendar, or from the Dean, Professor Curnow, M.D.

THE LONDON HOSPITAL

Is situated at Mile End, and is the largest in Great Britain. It is easily reached by railways and tramways from all parts of London and the suburbs. It presents unusually great advantages for the study of surgery and medicine, being situate in the neighbourhood of docks, factories, &c. Recently, largely increased lecture and laboratory room has been added to the school buildings. It contains now about 800 beds. Surgical 334, Medical 300, Women 26, Children 68, Ophthalmic 12, "Outdoor" Wards 60.

SPECIAL COURSES.—Students desirous of obtaining a practical knowledge of Mental Diseases can attend, without additional fee, the practice of Mr. Millar, at the Bethnal House Asylum, every Wednesday from 10 to 12. Dr. Morell Mackenzie gives a course of lectures on Diseases of the Throat during May and June, at the College; Mr. H. A. Reeves gives a course of Practical Surgery (bandaging, &c.) in the winter session; and Mr. Rivington a course of Operative Surgery in the summer session. Dr. Lewers gives instruction in Diseases of Women at 1:30 on Wednesdays and Saturdays. Instruction in Diseases of the Ear is given by Dr. E. Woakes, in Chemical Physics by Mr. F. J. M. Page, and in the Anatomy and Pathology of the Teeth, by Mr. A. W. Barrett.

APPOINTMENTS.—Five *House-Physicians*, five *House-Surgeons*, and a *Resident Accoucheur* are appointed every six months. The house-physicians and resident accoucheur must possess a medical or surgical degree or diploma, and the house-surgeons a surgical diploma. *Clinical Clerks*, *Surgical Dressers*, and *Clinical Obstetric Clerks* are appointed for three months. They must have passed the first College of Surgeons, or an equivalent examination. Every student must act as Clinical Clerk for six weeks in the medical out-patient department, after passing the first College of Surgeons examination. Maternity pupils must have passed the primary examinations of the

of Surgeons, or an equivalent examination. Four in the hospital every week. Each student must attend twenty cases of midwifery; those who have attended are entitled to a special certificate. *Four Dressers* are on board in the hospital every week. Every student at as Dresser in the Surgical out-patient department for three months after the end of the first winter session. *Clinical Assistants* are appointed every three months for dental out-patients, and are eligible for re-election. Each has a salary at the rate of £80 per annum. An unpaid *Assistant* is appointed in the Ophthalmic department. *Clinical Registrar* and a *Surgical Registrar* are appointed by. Each receives £100. Every student must act as *Porter* for three months. A *Dental Assistant*, *Assistants of Anatomy*, and *Dressers in the Ophthalmic* and *Departments* are also appointed. Full pupils, and those having commenced elsewhere, pay the general fee to the hospital and college at or before the beginning of the second year, and are eligible for appointments. The holders of resident appointments are provided with rooms and board.

SCHOLARSHIPS, PRIZES, &c.—*Two Entrance Science Scholarships*, value £60 and £40, and *Two Buxton Scholarships*, £30 and £20, will be offered for competition at the end of September to new students. *The Letheby Prize*, £30, for proficiency in Chemistry. *A Scholarship*, £20, in Human Anatomy and Physiology, to first year's students. *A Scholarship*, value £25, in Anatomy, Physiology, Chemistry, to second year's students. *A Scholarship*, £20, in Clinical Medicine. *A Scholarship*, value £20, in Surgery. *A Scholarship*, value £20, in Clinical Medicine. *A Duckworth Nelson Prize*, value £10 (biennial), in Clinical Medicine and Surgery. *Prizes*, value £60, to *Four Out-Patients in Minor Surgery*.

—General fee for perpetual attendance on lectures, and on Medical and Surgical practice, 90 guineas, or in instalments of 40, 35 and 25 guineas. Fees for entering at winter, 75 guineas.

For information may be obtained from the Warden, Mr. Scott, London Hospital, Mile End.

ST. MARY'S HOSPITAL

located at Paddington. It contains 270 beds, 130 being medical, and 140 Surgical. There is a ward appropriated to of women, and beds for ophthalmic cases.

APPOINTMENTS—*Five Resident Medical Officers*, four being for twelve months, and one, the Obstetric officer, for six months; all live free of expense in the hospital. All students required to perform the duties of clinical clerks and for six months. *Two Prosectors* are appointed annually, receive a certificate and £5. *Two Demonstrators of Anatomy* are appointed annually, salary £70 and £50 respectively. *Assistant Demonstrators of Physiology* are appointed annually, receive a certificate and £5 each. *A Medical Tutor* is appointed annually, salary £100. *A Resident Registrar* is appointed annually, salary £100 a year, with other advantages.

SCHOLARSHIPS, PRIZES, &c.—*Scholarship in Anatomy*, value £100 for one year. Subjects: Anatomy, physiology, pathology. *Scholarship in Pathological Anatomy*, value £100 for one year. Subjects: Morbid anatomy, dissections, and microscopic anatomy. *Prizes for First Year's Students*—A prize, value £4 4s., at the end of the winter session for anatomy and histology, and one of £2 2s. for chemistry. At the end of the summer session, three *Prizes*, value £2 each, for materia medica, botany and practical chemistry. *Prizes for Second Year's Students*—Winter session: A prize of £2 2s. for anatomy and general physiology. Summer session: A prize of £2 2s. for midwifery, and a similar one for medical practice. *For Students of Third Year*—Winter: £3 3s. for anatomy; £3 3s. for surgery; £2 2s. for pathology. £2 2s. for comparative anatomy. *For Students of Fourth Year*—Winter: £3 3s. for the clinical clerk, and £2 2s. for the dresser who has done his work best. *Provision for Students* has been founded in connection with the hospital, under the charge of a Warden (Dr. Robert Scott) and the Dean is prepared to receive applications from students desiring to enter upon residence during the winter session. Terms: 90 guineas for the Academic year.

year, payable 30 guineas in advance, on October 1st, January 1st, and May 1st, to include Special Instruction by the Demonstrators on four days a week. The Dean or the Warden will be happy to show the arrangements of the College.

Fees.—For hospital practice and lecture, £107. Unlimited attendance, 125 guineas, or 119 guineas in one sum. Dental Surgery, £62 10s.

For further particulars address "The Dean, St. Mary's Hospital, Paddington, London, W."

MIDDLESEX HOSPITAL

This Hospital is situated at the end of Berners Street, Oxford Street. It contains upwards of 300 beds, 185 being devoted to surgical, and 120 to medical cases. There is a special department for cancer, with accommodation for 33 patients. Wards are devoted to cases of uterine disease and of syphilis, and beds are set apart for eye cases.

APPOINTMENTS.—*Two House-Surgeons* are appointed annually. The junior House-Surgeon is appointed for six months, and is then eligible for the senior House-Surgeon. The senior House-Surgeon is also appointed for six months. Each House-Surgeon pays 20 guineas. *Three Resident Physicians' Assistants* are appointed from time to time, and hold office for six months. Each pays 10 guineas, if general pupils; if neither general nor occasional pupils, they pay 20 guineas. *A Resident Obstetric Physician's Assistant* is appointed for six months. He pays a fee of 10 guineas. All resident officers board and reside in the hospital free of expense. *Clinical Clerks and Dressers* are appointed for six months, and are so arranged that every student may hold both a Clerkship and a Dressership at some period of his attendance on hospital practice.

SCHOLARSHIPS, PRIZES, &c.—*The Broderip Scholarships*—Two, value £34 and £20, tenable for two years. Subjects: Reports of medical and surgical cases, selected by the examiners for that purpose, on the day of admission into the hospital, and making and recording post-mortem examinations. General students who have completed their third year are eligible. *The Governor's Prize*, value £21, annually to third year's men, for proficiency at the periodical examinations. *Clinical Prize*, value £10 10s., annually to the third candidate in the Broderip Scholarship Examination. *Class Prizes* are given in medicine, surgery, practical surgery, anatomy, dissections, physiology, chemistry, practical chemistry, midwifery, materia medica, jurisprudence, pathology, psychological medicine, practical physiology, and botany. A prize, value three guineas, is also given in the class of psychological medicine.

Fees.—The general fee for attendance on Hospital Practice and Lectures amounts to £90; this fee allows unlimited attendance. May be paid by instalments: £40 on entrance; £40 at second winter; £20 at third winter; and £5 fourth winter. Dental students pay 40 guineas in one payment, or by instalments—25 guineas on entrance, and 15 guineas at second winter.

For further information apply to Mr. Andrew Clark, the Dean, or to the Treasurer of the College, at the Middlesex Hospital, London, W.

NATIONAL DENTAL HOSPITAL AND COLLEGE

GREAT PORTLAND STREET, W.

Lectures are delivered in all the subjects required by the regulations in respect of the L.D.S. diploma of the Royal College of Surgeons. Supplemental lectures are given on Operative Dental Surgery and Therapeutics.

Fees.—General fee for special lectures required by the curriculum of the Royal College of Surgeons, £12 12s. Single courses may be also taken. Fee for hospital practice, as required by the curriculum, £12 12s. Total fee for special lectures and hospital practice, as required by the curriculum, £25 4s.

ST. THOMAS'S HOSPITAL

Is situated on the Albert Embankment, Westminster Bridge. It contains 572 beds, 180 being medical, and 230 surgical, and there are several wards for women and children, for venereal diseases, and diseases of the eye.

APPOINTMENTS.—*House-Physicians*, *House-Surgeons*, and *Resident Accoucheur*, are selected from gentlemen who have obtained their diplomas. These officers, together with the

dressers and clinical clerks, are provided with rooms and commons during their period of attendance in the hospital, free of expense. An *Ophthalmic Clinical Assistant* is appointed every six months. £55 per annum. *Medical and Surgical Registrars* are appointed annually. Salary, £100 each.

SCHOLARSHIPS AND PRIZES.—*The William Tite Scholarship*, £30 per annum for three years. Preference, in case of equality between students, is to be given to the son of a medical man, and more particularly to one who has been educated at St. Thomas's, or is in practice at Bath. *The Peacock Scholarship* of 40 guineas, and *The Musgrove Scholarship* of 40 guineas, are awarded biennially to the student who shall take the highest place in the first-class list in the examinations at the end of the second winter session; they are tenable for two years, provided the holder obtains a place in the first class in the subsequent examinations: making the winter prizes, £42, £20, and £10; summer, £15 and £10; with the dresserships and the clinical clerkships. For *Third Year's Students*, (winter)—Second Tenure of Scholarship £42, and prizes of £20, £15 and £10, and *The Prosector's Prize* of £5; summer, £15 and £10. Clinical clerks and dressers are selected according to merit. *The Grainger Testimonial Prize* of £20, awarded biennially to students who shall be from three to six years' standing, for the best Physiological Essay, to be illustrated by preparations and dissections: the next award will be made in 1885. *The Cheselden Medal*, for Surgery and Surgical Anatomy; and *The Mead Medal*, for Practical Medicine, are awarded annually to fourth-year's students. *The Solly Medal*, with a prize from 10 to 20 guineas, will be awarded biennially to a student of the third, fourth, fifth, or sixth year, for the best report of Surgical Cases. The next award will be made in 1885. *The Treasurer's Gold Medal*, for general proficiency and good conduct, is awarded annually to a fourth-year's student.

Fees.—For lectures and hospital practice, first year, £60; second, £52, third, £30; or £125 in one sum. For dental course for two years, £55; or, first year, £50; second £10.

Prospectuses, and the conditions under which the *William Tite Scholarship* and other prizes are awarded, may be obtained from Dr. Gillespie, the Medical Secretary, at the hospital.

UNIVERSITY COLLEGE AND HOSPITAL,

Situated in Gower Street, close to the Gower Street Station of the Metropolitan Railway.

APPOINTMENTS.—*House-Physicians, House-Surgeons, Midwifery Assistants, Physicians, Clerks, Surgeons, Dressers, Ophthalmic Surgeons' Assistants, and Ward Clerks*, are selected from among the pupils, who are also students of the College, without additional fees. The three House-Physicians, the Obstetric Assistant, and the three House-Surgeons reside in the hospital, paying for their board.

SCHOLARSHIPS, EXHIBITIONS, PRIZES, &c.—*Atkinson Morley Surgical Scholarship*, value £45 per annum for three years, for the promotion of the study of surgery among students of University College, London. *Atkinson Scholarship*, value £45 per annum, tenable for two years, awarded annually after the close of the winter session for general proficiency. *Sharpey Physiological Scholarship*, value about £105, for the encouragement of practical physiology. *Filliter Exhibition*, value £30, awarded annually for the encouragement of proficiency in pathological anatomy. *Erichsen Prize*, operating case, value ten guineas, for practical surgery. *Clinical Medals*, founded by Dr. Fellowes. One gold and two silver, awarded at the end of each winter and summer session. *The Liston Gold Medal*, for reports and observations on surgical cases. *Alexander Bruce Gold Medal*, for pathology and surgery. *Cliff Memorial Prize*, for anatomy, physiology, and chemistry. *Class Medals.*—Gold and silver medals or other prizes, as well as certificates of merit, are awarded in particular branches. Prizes to the value of £10 will be given in the class of Hygiene.

Fees.—For the entire course of lectures and hospital practice, 125 guineas in one sum, or in instalments of 60, 50 and 20 guineas. All fees are payable in the College office.

Further information may be obtained of Mr. T. Ely, Secretary to the Council, Professor Berkeley Hill, the Dean, or the Vice-Dean, Professor Thane, University College, London, W.C.

WESTMINSTER HOSPITAL

Is situated close to the Abbey and Houses of Parliament, and contains 215 beds. Pupils are also permitted to attend the

Westminster Ophthalmic Hospital, and the National Hospital for Paralysis.

APPOINTMENTS.—*A Medical and Surgical Registrar*, salary £40 each, appointed annually. *House-Physician, House Surgeon, and Resident Obstetric Assistant*, appointed for six months, and provided with rooms and commons in the hospital. *Assistant House-Surgeon* is provided with commons. *Physician's Assistant, Surgeon's Assistant, Ophthalmic Assistant, and Assistant in the Skin and Aural Departments*, appointed from fourth year's men. In-patients' clerk and in-patients' dresserships are conferred upon every general student for six months. Out-patients' dresserships and clerkships are held for three months.

SCHOLARSHIPS, EXHIBITIONS, AND PRIZES.—*Exhibition in Anatomy, Physiology, and Chemistry*, value £10 10s., for first year's men. *Prize of £2 2s.*, for diligence in the dissecting-room, for the first year's men. *A Scholarship in Anatomy and Physiology*, value £21, tenable for one year, for second year's men. *A Prize for Histology. A Prize for Midwifery. Two Prizes*, one in Clinical Medicine and one in Clinical Surgery, at the end of the third summer session, value £5 each. *The Frederick Bird Medal and Prize*, value £15, for students who have completed their fourth year. Subjects: Medicine, midwifery, diseases of women and children, and pathology. *The Chadwick Prize*, £21, for general proficiency. *Certificates of Honour* are awarded in the various classes.

Fees.—The general fees are—In one payment on entrance, £100; in two payments, one at the commencement of each of the first two academical years, of £52 10s. each. *General Fees for Dental Students.*—In one sum on entrance, £50; in two sums, one at the beginning of each academic year, £32 10s. and £20.

Further information may be obtained of the Dean, Dr. Allohin, Westminster Hospital, Broad Sanctuary, S.W.

WEST LONDON HOSPITAL

HAMMERSMITH ROAD, W.

A preparatory School of Medicine has been formed in connection with the West London Hospital, situated at Hammersmith, the objects of which are—1. To give in a more complete and systematic manner than has heretofore ever been attempted all the advantages of a year's pupillage at a first-class provincial infirmary or county hospital. 2. To give instruction in natural science. 3. To give commencing medical students an early insight into medical work, so that they may, without needless loss of time or money, be able to judge whether or not they have chosen the right profession.

Lessons are given in the subjects of the first part of the first examination for the conjoined diplomas of L.R.C.P. and M.R.C.S., namely—chemistry, physics, materia medica, and botany. Osteology is also taught; and the students are admitted to the practice of the hospital, which contains over 100 beds, and has a large out-patient department. The time counts for a part of the four years' curriculum.

The School has an excellent Laboratory, chemical and physical, and a complete collection of materia medica.

The Hospital contains 100 beds. 1,200 in-patients and 14,000 out-patients are received annually.

This institution supplies a want that has long been experienced, and it will confer a boon on many students whose progress would be sadly hampered by the difficulty of obtaining adequate elementary instruction in the subjects of the curriculum. The fees, payable in advance, are as follows:—For the complete course, including one year's hospital practice, 25 guineas. For an extra six months, 7 guineas. For one winter session, 18 guineas. For one summer session, 12 guineas. Separate courses of lectures may be attended for 3 guineas each course.

Prospectuses, &c., may be obtained from the Secretary of the School, West London Hospital, Hammersmith, W., or from Mr. C. B. Keetley, 10, George Street, Hanover Square, W.

THE SCHOOL OF MEDICINE FOR WOMEN.

This institution is situate at 30, Henrietta Street, Brunswick Square, W.C., and the medical and surgical practice of the Royal Free Hospital is available to the students of the school. Lectures are delivered at the latter on all the ordinary subjects of medical education, and the staff includes many gentlemen

knowledge and eminence in the profession, while several are lady graduates in medicine. Full detailed information will be forwarded by the Hon. Sec., Mrs. Thorne, 30, Isotta Street, Brunswick Square, W.C.

EXTRANEOUS AIDS.

It is often felt desirable, indeed necessary, by students that should receive other assistance in their studies than afforded by the regular hospital routine. For the purpose of enabling them to obtain this, certain private schools have been instituted, at which, under efficient teachers, the use of medical knowledge can be acquired. Among these are mentioned the School of Anatomy and Surgery of Thomas Cooke, F.R.C.S., as being eminently fitted to unify and consolidate the teaching of the hospital medical school. This school is intended to meet the requirements of three classes of students: 1. Qualified practitioners and needed students—i.e., gentlemen wishing either to obtain one of the higher qualifications, or to compete for appointments in Her Majesty's Army, Navy, and Indian Medical Service. 2. Students preparing for the usual Primary and Secondary Examinations of any of the licensing bodies. 3. Gentlemen entering upon their medical studies, either by a term of apprenticeship, or under the new regulations of the Examining Board in England. Both rapid advanced courses, complete in three months or less, but still thoroughly practical, are provided; and also, as required, more elementary classes of six months' duration. The instruction is given in the dissected and undissected body, with normal and pathological specimens, microscopical preparations, chemical, physiological, and surgical apparatus, splints, &c. The operations of surgery are performed by the students on the dissected body. The whole work is thoroughly practical throughout.

On application to Mr. Cooke, 40, Brunswick Square, W.C., detailed information will be forwarded.

The Normal School of Science and Royal School of Mines, 14, Kensington, under the supervision of Professor Huxley, affords unequal facilities to students desirous of gaining knowledge in Biology, Chemistry, and Physics.

The South London School of Pharmacy, Kennington Cross, E., established by Dr. Muter, has obtained for itself a well-earned reputation as an educational institution, and can be highly recommended as a place of instruction.

Dr. A. C. Maybury, 19, Bloomsbury Square, W.C., prepares candidates for the Medical and Science Examinations of the Universities of London, Colleges of Physicians and Surgeons, Apothecaries' Hall, &c.

Dr. Eberle (Thirsk, Yorks), late Principal of the Easington Medical College, author of "Students' Medicine," &c., &c., gentlemen prepared for the Preliminary Examination in Arts at the Universities, any of the professions and services, also the Primary, Pass, and Competitive Examinations.

Mr. H. Campbell, M.B., B.S. Lond., M.R.C.S., prepares candidates for the Colleges of Physicians and Surgeons, the Apothecaries' Hall, and other Professional Examinations.—64, Guildford Street, Russell Square, W.C.

Dr. Armand Semple, 89, Goldhawk Road, W., prepares candidates in class and by correspondence for all the medical primary and "pass" examinations.

Dr. Crosswell Hewett prepares candidates for the M.D. degrees, the Services, and other Professional Examinations.—10, London Street, Norfolk Square, W.

Mr. J. W. Saunders, A.P.S., G.S.T., prepares gentlemen for Examination in Anatomy, Physiology, Botany, Chemistry, Materia Medica, Pharmacy, &c.—6, Rochester Square (late Alden Road), N.W.

Mr. Butler Smith assists pupils in reading up for the London Matriculation, and Legal, Medical, and Pharmaceutical Examinations.—Polytechnic, Regent Street, W.

Mr. Maurice Williams prepares candidates for Examination in Theoretical and Practical Chemistry, Materia Medica, &c.—5, King's Street, Finsbury Square.

For those who desire to obtain acquaintance with the principles and practice of the system known as "Homoeopathy," the London School of Homoeopathy has been established in connection with the London Homoeopathic Hospital. Lectures are given on materia medica and therapeutics, and the principles and practice of medicine, and clinical lectures are delivered on medicine, surgery, and diseases of the ear. Further information may be had of the Secretary, at the school, 52, Great Ormond Street, W.C.

THE PROVINCIAL MEDICAL COLLEGES.

BIRMINGHAM.

Lectures are delivered within the walls of Queen's College on all the subjects required by the examining bodies. Hospital practice is attended at the General and Queen's Hospitals, they being amalgamated for purposes of clinical instruction, under the direction of the Birmingham Clinical Board; 400 beds are available, and students devote their time equally between the two hospitals.

APPOINTMENTS.—At the General Hospital: *Resident Medical Assistant*, *Resident Surgical Assistant*, and two *Resident Dressers*, tenable for six months. At the Queen's Hospital: *Resident Obstetric Assistant*, tenable for six months; *Resident Dresser*, tenable for three months.

SCHOLARSHIPS, PRIZES, &c.—*The Sands Cox Prize*, value £20. Open to students who have completed their curriculum. Subjects: Medicine, surgery, and midwifery. Two *Ingleby Scholarships*, for obstetric medicine and surgery, and diseases of women and children. *Class Prizes*.—Medals and certificates are awarded in each class. The Clinical Board gives prizes:—Senior medical, £5 5s., £3 3s.; Senior surgical, £5 5s., £3 3s., Junior medical, £3 3s., and £2 2s.; Junior surgical, £3 3s., and £2 2s. Midwifery Prize, £4 4s.

Fees.—College fees for all lectures amount to 60 guineas, payable by two equal instalments. Hospital fees for four years, £42.

Further particulars may be obtained of the Rev. the Warden, at the College, or Professor Hinde, M.D., 10, Easy Row, Hon. Sec. to the Professors.

BRISTOL.

The Bristol Medical School is conducted as a department of University College, Bristol, the buildings for which are situated in Tyndall's Park. Hospital practice is attended at either the Royal Infirmary, or the General Hospital. The former contains 264 beds, and the latter 154.

APPOINTMENTS.—*Royal Infirmary*.—*Clinical Clerks* and *Dressers*. Dressers reside in the house in weekly rotation. A *Pathological Clerk* is appointed every three months. *General Hospital*.—*Clinical Clerks* and *Dressers* as at the Infirmary.

SCHOLARSHIPS, PRIZES, &c.—Prizes and Certificates of Honour are given in the medical school to first, second, and third year's students, and also in practical anatomy. At the *Royal Infirmary*.—*Supple's Medical Prize*, a gold medal and £7 7s. *Supple's Surgical Prize*, as the Medical. *Clarke Prize* (interest of £500), for third year's students. *Pathological Prize*, value £3 3s. At the *General Hospital*.—*Martyn Memorial Scholarship*, £20. *Clarke Scholarship*, Surgical, £15. *Sander's Scholarship* (interest of £500), Medicine and Surgery. *Lady Haberfield's Prize* (interest of £1,000), for general proficiency.

Clinical lectures are given at both institutions, three and four times a week.

Fees.—School fees for attendance on all courses of lectures, except comparative anatomy and hygiene, 60 guineas. *Royal Infirmary fees*.—Surgeon's pupil, one year, 12 guineas; perpetual, 20 guineas. Dresser the same. Physician's pupil, perpetual, 20 guineas. *General Hospital*.—Medical and surgical practice, one year, £10; perpetual, £20; clerk or dresser, five guineas.

Further information of E. M. Skerritt, M.D., at the Medical School, Bristol.

CAMBRIDGE.

The lectures necessary for taking degrees in Medicine are given in the University; the hospital practice is attended at Addenbrooke's Hospital, which offers ample facilities for clinical study. Clinical lectures are delivered twice a week.

Fees.—For six months, £8 8s.; twelve months, £10 10s.; unlimited, £15 15s.

LEEDS.

This School of Medicine has ceased to possess a separate existence; it has become a part of the Yorkshire College. The coming winter Session, which would have been the fifty-fifth of the School, becomes the second session of the medical department of the Yorkshire College, Leeds. The change will not alter the working of the institution at present to so great an extent as might be supposed. The endowment of a chair of physiology is the most important.

APPOINTMENTS.—*Resident Medical Officers*. Five Assistants are elected for the service of the Infirmary, and are provided

with private apartments, board, gas, and coal. There are also a number of appointments at other institutions in and near Leeds.

Scholarships, Prizes, &c.—The *Hardwick Scholarship*, value £10, for Clinical Medicine. Should the funds admit, a second prize may be given. The *Surgeon's Clinical Prizes*, value £8, for the *Chief Scholarship*, £10, Forensic Medicine. *Clinical Clerkship and Demonstrations*. It is arranged that every student shall hold the offices of clinical clerk and dresser.

Class examinations are held from time to time, and at the close of each session competitive examinations are held, and silver and bronze medals, books, and certificates of honour are awarded.

Fees.—The composition fee for all lectures at the school is 10 guineas, either at once or in two instalments of 5 guineas each. The fee for Surgical or Medical practice for three years is £31, perpetual, £20 *aa*.

Further information may be obtained of the Honorary Secretary.

LIVERPOOL.

The Liverpool School of Medicine is in connection with the Royal Infirmary, which contains nearly 300 beds and special wards for diseases of women. It is also affiliated with the new University College Liverpool, constituting the medical faculty.

APPOINTMENTS.—*Resident Medical Officer*, £250 per annum; *Resident Medical Officer at Chesham*, £150; *Resident Medical Officer at Mossall*, £200; *Resident Surgical Officer*, £150; eight *House-Surgeons*, six months each; four *House-Physicians*, for six months each; *Pathological Registrar*, £100 each.

Scholarships.—*Turner Scholarship*, £25 for three years. One is annually awarded to candidates standing highest at matriculation of London University in June (provided he be in the honours division). Failing such, two of £25 to the two candidates standing highest in the first division. Candidates must be between 16 and 20 years of age. There are also grammar school scholarships. **Fees.**—Composition fee £63, or two sums of £31 10s. each. Hospital practice: Composition fee, £42, or two instalments of £21 each. Further information may be obtained of Professor Gamgee, Dean of the School; or of the Registrar, Mr. J. Hume Nicholson, Owens College, Manchester.

NEWCASTLE-ON-TYNE.

The Newcastle-on-Tyne college of medicine is in connection with the University of Durham, an arrangement which gives the students of this College an immense advantage over those of ordinary colleges of medicine, as regards the obtaining of *Medical Licences*. The hospital practice is attended at the Newcastle Infirmary, which contains 230 beds.

APPOINTMENTS.—Each quarter *Resident Assistants* are nominated by the medical board, and are provided with apartments and board in payment of £5 *aa* for the three months. Two assistants in the pathological department are appointed half-yearly. *Anatomical Registrar of Museum*, £12 yearly. Two assistant *Demonstrators of Anatomy*. *Prosectors*, two Assistant *Physiologists* are elected yearly. Two assistants to the Dental Surgeon, and one Assistant in the Eye Department every three months, are also elected. *Medical and Surgical Assistants*, *Clinical Clerks and Dressers*, are appointed every three months.

Scholarships, Prizes, &c.—A *Medical Scholarship* in the University of Durham, value £25, for four years, awarded in October. It is open to all candidates who have been registered as students in medicine. *Turner Memorial Scholarship*, £15 annually. Subjects: Medicine, surgery, midwifery, and pathological anatomy. *Tait's Scholarship*, interest of £400, for second year's students. Subjects: Anatomy, Physiology, and chemistry. *Charlton Memorial Scholarship*, interest of £700. Subject: Medicine. *Gibb Scholarship*, interest of £500. Subject: Pathology. *Goyder Memorial Scholarship*, interest of £325. Subject: Clinical medicine and clinical surgery. At the end of each session a Silver Medal and Certificate of Honour will be awarded in all the classes.

Fees for Lectures.—Fees for all the lectures (except the course of Practical Pharmacy), in one payment—at the beginning of the first winter, 60 guineas. In two payments, to be made on entering, on the first and second winter, each 35 guineas.

By three annual instalments of 30, 25, and 20 guineas respectively, at the commencement of the seasonal year. Fees for attendance on Hospital practice—

For three months' Medical and Surgical Practice	5 guineas
" six "	8 "
" one year's "	12 "
" perpetual "	25 "

or by three instalments at the commencement of the seasonal year, viz.:—first year, 12 guineas; second year, 10 guineas; third year, 6 guineas. Or by two instalments, viz.:—First year, 14 guineas; second year, 12 guineas. Single courses of Lectures or Tutorial Classes, 5 guineas. Fees for Lectures, &c., at the College must be paid to the Registrar, and fees for Hospital Practice to the Senior House-Surgeon at the time of entry.

Further information may be obtained of the Registrar, Dr. Luke Armstrong, or the Hon. Secretary, Mr. H. E. Armstrong, Newcastle-on-Tyne College of Medicine.

MANCHESTER.

The Manchester School, the first complete medical school in the provinces, was founded in 1824, by W. Turner. It now forms a department of Owens College. The hospital practice is attended at the Royal Infirmary, which contains 100 medical and 170 surgical beds. Other hospitals are associated with it, raising the whole number of beds to 540.

APPOINTMENTS.—*Resident Medical Officer*, £250 per annum; *Resident Medical Officer at Chesham*, £150; *Resident Medical Officer at Mossall*, £200; *Resident Surgical Officer*, £150; eight *House-Surgeons*, six months each; four *House-Physicians*, for six months each; *Pathological Registrar*, £100 each.

SHEFFIELD.

The Sheffield School of Medicine has only a small attendance of students. Hospital practice is attended at the Sheffield General Infirmary, the Sheffield Hospital and Dispensary, and the Sheffield Hospital for Diseases of Women.

Prizes.—Prizes to the amount of £30, and Certificates of Honour, are given annually.

Fees.—Perpetual fee for lectures in the school, £42. Hospital practice: Perpetual attendance at the Infirmary, Medical £15 15s.; Surgical, £21. At the Public Hospital and Dispensary the fees are the same as at the Infirmary.

SCOTCH AND IRISH MEDICAL COLLEGES.

EDINBURGH.

EDINBURGH UNIVERSITY.—The Medical School and Faculty of Medicine of the University of Edinburgh was established early in the last century, and about 1,600 students now attend the classes. For further particulars see Chapter IV. and our advertising columns, where full details of the classes are given.

SCHOOL OF MEDICINE.—Some confusion seems to exist in the minds of many people with regard to the extra-academical School of Medicine. This school has no fixed rooms for teaching, though the majority of the classes are held in Surgeons' Hall, where the College of Surgeons has its splendid museum. The teachers in this school are recognised as lecturers by the College of Surgeons or Physicians, and some also by the University Court. Students intending to graduate at the University are allowed to attend four courses of lectures in the extra-academical school, and for these courses they must pay the same fee as for the corresponding classes in the University, of which they must also be matriculated students. These classes qualify for examination at the University of London, and all the Colleges of Physicians and Surgeons in Great Britain and Ireland.

Fees, &c.—The minimum cost of education in this school for double qualification of Physician and Surgeon, including examination fees, is £107 18s.

ROYAL INFIRMARY, EDINBURGH.—Clinical instruction is given by the Professors of the University of Edinburgh and also by the ordinary Physicians and Surgeons. Hospital tickets, perpetual, in one payment, £12; annual £6 6s. Separate payments for two years entitle the student to a perpetual ticket. No fees are payable for any medical or surgical appointment. These appointments are:—*four Resident Physicians and four Resident Surgeons*, who live in the house free of charge. *Non-resident Clinical Clerks* are appointed by the Physicians and Surgeons. Each surgeon appoints from four to nine *Dressers*, the appointment being for six months. Assistants in the Pathological department are appointed by the Pathologist.

GLASGOW.

UNIVERSITY OF GLASGOW.—Courses of lectures on all subjects are given in the University (see Chapter IV). Hospital practice may be attended at the Western Infirmary, Royal Infirmary, Eye Infirmary, Lying-in Hospital, and Dispensary for Women and Children, &c.

ANDERSON'S COLLEGE, GLASGOW.—Students of this medical school, may attend medical and surgical practice at the Royal Infirmary, which contains 532 beds. **Class Fees.**—For each of the courses of lectures, first session £2 2s.; second session £1 1s.; afterwards free. **Anatomy Class Fees.**—For both courses (lectures and demonstrations), first session, £4 4s.; second session, £4 4s.; afterwards free. The fees for all the lectures and hospital practice required for a diploma do not exceed £50.

GLASGOW ROYAL INFIRMARY contains 532 beds, and there is a medical school in connection with it. There are special departments for Diseases of the Throat, of the Eye, and of the Ear. There are five Physicians and five Surgeons' Assistants, who perform all the duties of house-physicians and house-surgeons, and are boarded and lodged in the hospital at the rate of £25 per annum. Clinical Assistants and Dressers are also appointed from among the students without fees. **Fees for Lectures.**—For each class—first session £2 2s.; second and perpetual; £1 1s. Anatomy, first session, £4 4s.; second session, £4 4s.; afterwards £1 1s. per annum for practical anatomy. Hospital fee does not exceed £21, including

clinical instruction. Further information of Dr. Thomas, the Superintendent.

GLASGOW WESTERN MEDICAL SCHOOL, UNIVERSITY AVENUE.—The Winter Session begins on October 30th. The school lies close to the Western Infirmary, where the students obtain hospital practice and clinical lectures. The premises have been much enlarged and improved. The dissecting room, which is large and well-arranged, is kept open from the beginning of October to the end of July. The supply of subjects for practical anatomy and operative surgery is *unlimited* all the year round. The Lectures qualify for the University of Glasgow and other Universities in accordance with their regulations, for the Faculty of Physicians and Surgeons and other corporations. The classes in connection with this rising institution open on 28th October. The anatomy classes are under the tuition of Mr. Carter; physiology, Dr. Limont; surgery, Dr. Knox; midwifery and gynecology, Dr. Reid; practice of physio, Dr. M'Vail; diseases of ear and throat, Dr. W. Downie. **Class Fees.**—For each course of lectures, except anatomy—first session, £2 2s.; second session, £1 1s.; anatomy, £3 3s.; practical anatomy, £1 1s.; practical physiology, £1 11s. 6d. Students receive hospital instruction at the Western Infirmary. Fees for requisite hospital attendance and clinical instruction, £21, which may be paid by instalments.

DUBLIN.

There are ten hospitals in Dublin that receive students for clinical instruction, some of which are connected with medical schools, whilst others are attached to no particular teaching body.

TRINITY COLLEGE SCHOOL OF MEDICINE.—The lectures are given by the professors of Trinity College, and hospital practice is attended at Sir Patrick Dun's Hospital. The fee for hospital practice is £6 9s. for twelve months. Full particulars will be found in the regulations of the University. Two medical scholars are elected annually by the Board of Trinity College, at an examination held at the end of June, subject to conditions stated in the College calendar. Each scholarship is worth £20 per annum, and is tenable for two years. The professors of the School of Physic give three exhibitions annually, amounting altogether in value to £40, subject to conditions prescribed by the professors themselves.

THE ROYAL COLLEGE OF SURGEONS' SCHOOL is situated within the walls of the college, and is under the superintendence of the council, who appoint the professors. The dissecting rooms have been enlarged, and are open from 8 a.m. to 10 p.m. Prizes in anatomy, physiology, and surgery, will be awarded at the end of the winter session. Composition fee for all lectures and dissections required for the surgical diploma, £56 17s. 6d.

At the CARMICHAEL COLLEGE OF MEDICINE AND SURGERY lectures are given to qualify for all examining boards. Sixty pounds are given annually in premiums to the classes, in addition to the Mayne Scholarship, value £15. The students attend the Meath, Adelaide, and Mercer's Hospitals.

The students of **DR. STEVENS' HOSPITAL AND MEDICAL COLLEGE** enjoy the advantage of being able to attend their lectures and hospital practice in the same building. The fee for the whole course to qualify is 78 guineas.

The hospital contains 250 beds; two medical and six surgical resident pupils are appointed. Further information of Dr. E. Hamilton, 120, Stephen's Green, West Dublin.

THE LEDWICH SCHOOL OF ANATOMY, MEDICINE, AND SURGERY contains every comfort and convenience for its students. Great attention is paid in this school to the teaching of anatomy, and it is connected with seven hospitals (general and special).

CATHOLIC UNIVERSITY SCHOOL OF MEDICINE is situated in Cecilia Street. Accommodation has been provided for the residence of students under the direction of the resident Dean. Numerous prizes are offered at the end of each session. Fee for each course, three guineas. Further particulars of the Medical Registrar, Prof. Campbell.

BELFAST.

At the QUEEN'S COLLEGE, Belfast, lectures are given to qualify for the Royal Irish University as well as other licensing bodies. Hospital practice is attended at the Belfast General Hospital, the perpetual fee for which is only ten guineas. There are

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the time is four years. There are three examinations—1st, mechanics and hydrostatics, chemistry, botany. 2nd, comparative anatomy, human anatomy and physiology, pharmacology; two years' medical study is required before this examination. 3rd, pathology and practice of physic, clinical medicine, medical jurisprudence. After these an act must be kept. The candidate reads a thesis in English on some subject approved by the Professor. The Professor brings forward arguments or objections in English, and examines the candidates *circa vocæ* as well on questions connected with the thesis, as on other general subjects of the faculty. The M.D. degree may be taken by a bachelor in the ninth term after inauguration. He must have been engaged five years in medical study, and has to keep an act similar to the M.B. The candidate for M.C. must have passed all the examinations for M.B. and have attended a second course of lectures on human anatomy, lectures on the principles and practice of surgery, clinical surgery, and midwifery; he must have dissected during a second session, have attended ten cases of midwifery, three years' surgical practice of a hospital, and have been a house-surgeon or dresser for six months. The examination is in surgical anatomy, pathology, and the principles and practice of surgery, clinical surgery and midwifery. The examinations take place twice annually, towards the close of the Michaelmas and Easter terms. Professional study may be commenced before entrance at the University, and will be taken into account, provided the student has been registered in accordance with the requirements of the General Medical Council.

Further particulars may be obtained from the University Calendar.

DURHAM UNIVERSITY.

This University grants the following licences and degrees, &c.:—(a) Licence in medicine; (b) Licence in surgery; (c) M.B.; (d) M.D.; (e) M.S.; (f) Certificate of Proficiency in Sanitary Science. For the licence in medicine, four years' medical study are necessary, one of which must be spent at the College of Medicine at Newcastle-on-Tyne, which is in connection with Durham University. For the licence in Surgery, the candidate must have spent four years in medical and surgical study, one at least of which must have been spent at the University College of Medicine, Newcastle-on-Tyne. The Senate have power to grant degrees by diploma to persons of sufficient standing and approved merit, without enforcing the University regulations. The University of Durham has instituted an examination for the degree of M.D., open to practitioners of 15 years standing above forty years of age. The fee is fifty guineas. Examinations will be held in October and December, and in April and June.

Further information may be obtained of the Registrar.

THE UNIVERSITY OF LONDON.

The University of London must not be confounded with University College, London, as it frequently has been, and is still in the minds of some people. The two bodies are entirely distinct in situation, in constitutions, and in function. The University of London is situated in Burlington Gardens, is in no sense a teaching body, but has the power of examining candidates and conferring upon them degrees in arts, laws, science and medicine. University College is situated in Gower Street, and is only a teaching body, having no power to confer any degree whatever.

The medical degrees conferred by the University of London are those of Bachelor of Medicine (M.B.); Bachelor in Surgery (B.S.); Doctor of Medicine (M.D.); and Master in Surgery (M.S.). These degrees are held in some estimation, both by the public and the profession, and many of our leading physicians and surgeons hold them. They are a qualification difficult to procure, as owing to the nature of the examinations, a man who writes M.D. Lond. after his name must have a considerable capacity for extensive cramming.

The examinations necessary to be passed for the attainment of the M.B. degree are, after matriculation, the preliminary scientific (which should be got through, if possible, before commencing hospital work), and the intermediate and M.B. examinations. Other examinations are necessary for the B.S., and for the M.D. and M.S.

The Preliminary Scientific (M.B.) Examination takes place twice in each year, commencing on the third Monday in January and July. Candidates are examined in the following

subjects: Mechanical and natural philosophy, inorganic chemistry, botany and vegetable physiology, zoology. Candidates may pass the subjects of examination in parts including practical chemistry. Fee for this examination, £5. The certificates to be transmitted to the registrar at least fourteen days before the examination. Candidates for the M.D. are examined in logic and moral philosophy, and in medicine. The fee for this degree is £5, excepting such as, having taken their M.D. degree under the former regulations, shall not have paid the fee of £5 at the preliminary scientific examination, and to whom, therefore, the fee for the M.D. degree is still £10. If sufficient merit be evinced, the candidate who distinguishes himself the most in medicine shall receive a gold medal of the value of £20.

Further information respecting these examinations, fees, &c., may be obtained from the University Calendar, or on application to the Registrar at Burlington Gardens.

VICTORIA UNIVERSITY, MANCHESTER.

The Degrees in the Faculty of Medicine are Bachelor of Medicine (M.B.), Doctor of Medicine (M.D.), and Master of Surgery (Ch.M.). All candidates for degrees in medicine and surgery are required to have passed the entrance examination in Arts, or to have passed such other examination as may from time to time be recognised for this purpose by the University.

The subjects of the entrance examination in Arts are:—(1) Latin; (2) Elementary Mathematics; (3) Elementary Mechanics; (4) English; (5 and 6) Two of the following:—(a) French; (b) German; (c) Greek; (d) mathematics (more advanced); (e) English history and elements of Modern Political Geography.

Before admission to the degree of Bachelor of Medicine a candidate is required to present certificates that he will have attained the age of twenty-one years on the day of graduation, and that he has pursued the courses of study required by the University regulations during not less than four years subsequently to the date of his registration as a medical student, two of such years having been passed in a college of the University, and one year at least having been passed in a college of the University subsequently to the date of passing the preliminary examination in Science. All candidates for the degree of Bachelor of Medicine must pass three examinations, namely—the preliminary examination in Science; the intermediate examination; and the final examination.

Preliminary Examination in Science.—The subjects of the examination are:—1. Chemistry. 2. Elementary Biology. 3. Physics.

Candidates for the preliminary examination in Science must have attended, during at least one year, courses, both of lectures and laboratory work, in each of the above-named subjects.

Intermediate M.B. Examination.—The subjects of examination are:—1. Anatomy; 2. Physiology (including Physiological Chemistry and Histology); 3. Materia Medica and Pharmacy.

Candidates for this examination must have passed the preliminary examination in Science, and have attended courses of instruction in anatomy for one winter session, in physiology for two winter sessions, in materia medica and pharmacy for one summer session. The certificates must show (1) that the human body has been dissected twice at least; 2. that laboratory instruction has been received in physiology; (3) that practical instruction has been received in materia medica and pharmacy.

Final M.B. Examination.—The examination is divided into two parts, which may be passed separately or on the same occasion; but the first part cannot be taken before the end of the third year, and the second part cannot be taken before the end of the fourth year of medical study, in accordance with the University regulations. The subjects of examination are as follows:—Part I.—1. Systematic surgery; 2. Pharmacology and Therapeutics; 3. General Pathology. Part II.—1. Systematic and clinical medicine, including mental diseases; 2. Practical and clinical surgery; 3. Obstetrics and diseases of women and children; 4. Morbid anatomy; 5. Forensic medicine; 6. Hygiene.

For further information respecting the certificates required, dates of examination, fees payable, &c., apply to the Registrar.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

Under the arrangements entered into between the Royal College of Physicians and Surgeons, and resulting in the formation of a Conjoint Examination Board for England, the Royal College no longer confers its licence singly on students who commenced medical studies after October 1st, 1884. The M.R.C.P., however, is still given as formerly, and under the following conditions:—

The *membership* of the College is conferred after examination, which is conducted as follows:—**Thursday:** From 2 to 6, by written questions on medical anatomy, and on the principles of medicine. **Friday:** From 2 to 6, by written questions on the practice of medicine, including the principles of public health, and on psychological medicine. **Saturday or Monday:** the candidate's practical knowledge will be tested, either at the College, or in the medical wards of an hospital. **Tuesday and Wednesday,** by examination *visd voce*. This examination will commence on the last Thursday but one in January, April, July, and October.

Any candidate who has already obtained the degree of Doctor or Bachelor of Medicine at a University in the United Kingdom, in India, or a British Colony, or who shall have obtained a foreign qualification entitling him to practise medicine or surgery in the country where such qualification has been conferred, wherein the courses of study, and the examinations to be undergone previously to graduation, shall have been adjudged by the Censor's Board to be satisfactory, shall, if the Censors shall think fit, be admitted to the pass examination. The nature and extent of this examination shall, in the case of each candidate, be determined by the Censors' Board.

Under certain conditions the membership is to be obtained by practitioners over forty years of age without previously passing the examination for the licence, of which proof must be given by all other candidates except graduates in medicine as above described. But Licentiates admitted before February 16, 1859, and extra Licentiates otherwise may be admitted Members by a vote of the College.

The fee for the membership is £31 10s.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

In the same way as the Royal College of Physicians will no longer issue its licence separately, so the College of Surgeons grants its Membership only in conjunction with the Licence of the Physicians to all students whose registration dates on or after October 1, 1884, but for its *Fellowship* examination the rules in force last year still continue, and are as follow: Candidates must have attained the age of 25 years, and have been engaged in professional study during six years, and must produce certificates of attendance on specified lectures and hospital clinical courses. Two examinations must be passed, the first after the third winter session, in anatomy and physiology; and the second, after six years of study, in surgery, surgical anatomy, and pathology. Candidates not already members, or not holding registrable qualifications in Medicine and Midwifery, must pass an examination in these subjects also. The total fees are—for members of the College, £15 15s.; for non-members, £31 10s.

CONJOINT EXAMINING BOARD IN ENGLAND.

By an arrangement entered into between the Royal College of Physicians of London and the Royal College of Surgeons of England, there has lately been constituted an examining board in England, the examinations of which entitle those who succeed in passing them to register the two qualifications of L.R.C.P. Lond. and M.R.C.S. Eng. All students commencing their medical education on or after October 1st, 1884, and proposing to take either of these qualifications, is no longer permitted to do so separately, but is required to pass the three examinations, and pay the composition fees, entitling to the double diploma. Other candidates whose registration dates previously to the period named, may still elect to take either diploma singly, under the old regulations; but, on the other hand, they may, if they please, come under the new rules, and, by passing the final examination of the Board, and paying the additional fee, acquire the right to the twofold qualification. Candidates must have attained the age of twenty-one years before being admitted to any part of the third or final examination, and must have passed at least three winter and two summer sessions in study at a recognised

school or schools, and must have been engaged in medical studies during the whole period of not less than forty-five months. The certificates of attendance on lectures, &c., required, are as follow:—*Anatomy and Dissection:* Six months' lectures, twelve months' dissections. *Physiology:* Lectures six months, practical physiology three months. *Chemistry, including Practical Chemistry, Materia Medica, Pharmacy, and Botany:* No time is specified for these subjects, but certificates must be presented to show that instruction in them has been received, and such instruction may have been given before registration. *Morbid Anatomy:* Three months. *Medicine:* Six months. *Clinical Medicine:* Nine months. *Surgery:* Six months. *Clinical Surgery:* Nine months. *Midwifery and Diseases of Women:* Three months, twenty labours. *Clinical Study of Women's Diseases:* Three months. *Forensic Medicine:* Three months. *Hospital Practice:* Three winter and two summer sessions. *Hospital Appointments:* Clinical clerk, six months, dresser six months. Certificates of instruction in vaccination, of practical instruction in medicine, surgery, and midwifery, and of attendance at class examinations must also be produced.

Three examinations must be passed—the first, after registration; subjects, materia medica, botany, pharmacy; and at end of first year, elementary anatomy and physiology. The second, at the end of eighteen months; subjects, anatomy and physiology. These may be taken together or at different times. The third, or final examination, takes place not earlier than forty-five months after registration. Subjects: 1. Medicine, including Forensic Medicine and Public Health; 2. Surgery; 3. Midwifery and Diseases of Women. These three subjects may be passed at one time, or on two or three different occasions.

The fees are—at first examination £10 10s. Rejected candidates are readmitted after three months on payment of an additional three guineas for each part of the examination in which failure occurs. At the second examination £10 10s. After rejection in either subject an additional fee of £3 3s. is required. At the third examination £15 15s. Rejected candidates are not readmitted to examination till after the lapse of six months, and pay additional fees, as follows: Re-examination in Medicine or Surgery, £5 5s.; Midwifery, £3 3s.

Candidates who have passed a University examination in the subjects included under the first two examinations for the double qualification are admitted to the third or final on submitting the necessary certificates of study, &c.

THE SOCIETY OF APOTHECARIES, LONDON.

The regulations relating to the examinations for the Licence of the Apothecaries Society of London have lately been modified in compliance with the recommendation of the General Medical Council, which decided that no qualification in the examination for which surgery had no place should be admitted to registration.

The examinations required for the Licence are two, each divided into written, practical, and oral. The primary is held on the first Wednesday and following day of every month, and may be passed at the end of the second winter session. The final is divided into two parts. Part I. is held on the second and fourth Wednesday and following day of every month, and includes Surgery and Midwifery (written): Part II. is held on every Wednesday and Thursday of every month, and includes Medicine, written and oral, and the *civa voce* in Midwifery, &c. Both may be passed at the end of the prescribed curriculum.

Candidates intending to offer themselves for examination must give seven days' notice, and deposit, at the same time, all the required certificates, with the fee, at the Office of the Beadle, where attendance is given daily, from 10 to 4, Saturdays excepted.

The examination in Midwifery includes obstetric instruments and their application, anatomy of the pelvis, and diseases of women and children, with their pathology. The written portion of this examination is held on every Wednesday, and must be passed one week antecedent to Part II.; and candidates must appear the day after passing for their oral examination in these subjects.

The fee for the Licence is six guineas, no part of which is returned in case of rejection.

EDINBURGH UNIVERSITY.

Three medical degrees are conferred by this University, viz.: Bachelor of Medicine (M.B.), Master in Surgery (C.M.), and Doctor of Medicine (M.D.). A degree in public health has recently been instituted. Candidates must have passed a preliminary examination in arts, or have taken a degree in arts. For the M.B. and C.M. degrees, candidates must produce evidence that they have been engaged in medical and surgical study during four years, one of which must have been spent in the University of Edinburgh, and another in some university entitled to give the degree of doctor of medicine. The following are the fees for attending the medical classes necessary to obtain the M.B. and C.M. degrees, including examination fees: First summer session, £9 8s.; first winter, £18 17s.; second summer, £8 8s.; second winter, £15 14s.; third summer, £8 8s.; third winter, £18 17s.; fourth summer, £6 6s.; fourth winter, £16 15s.; fifth summer, £10 10s. Total minimum pence for Class and Examination fees for M.B. and C.M. £7 18s. The fees for degrees are, for M.B., £15 15s.; additional for C.M., £5 5s.; additional for M.D., £5 5s.; Government stamp duty (for M.D. only), £10. Total fee for M.D. (including stamp) in the case of students who commenced professional studies before February, 1861, £25. A number of double fellowships, scholarships, and bursaries have been founded in connection with the University, particulars of which, as well as the general regulations, will be found in the University Calendar, published by Mr. J. Thin, Edinburgh, and may be procured on application to the Dean of the Medical Academy.

UNIVERSITY OF GLASGOW.

The degrees in medicine granted by this University, are B.B., C.M., and M.D. The curricula of study and the examinations are nearly the same as in the University of Edinburgh. The fees are as follows: For the degree of M.B. (for each of three examinations, £5 5s.) £15 15s.; for that of C.M. (in addition to the fee for M.B.), £5 5s.; for the M.D. (in addition to the fee for M.B.), £5 5s.; and Government stamp for diploma, £10 3s. The regulations may be obtained by application to the Registrar of the University.

UNIVERSITY OF ABERDEEN.

Same as University of Glasgow.

THE UNIVERSITY OF ST. ANDREW'S.

This is the oldest University in Scotland, and has the power peculiar to itself of annually conferring the degree of M.D. on any registered medical practitioners above the age of forty years. This examination is held in April. The fee is fifty guineas. The other medical degrees granted by this University and the fees are the same as those of Edinburgh.

The three Scotch corporations are the Royal College of Physicians, Edinburgh; the Royal College of Surgeons, Edinburgh; and the Faculty of Physicians and Surgeons of Glasgow.

THE SCOTCH COLLEGES.

The Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, have made arrangements by which, after one series of Examinations, the student may obtain the Diplomas of the three Co-operating Bodies.

The general principle of this Joint Examination is, that it shall be conducted by a Board, in which each body is represented in those branches which are common to both medicine and surgery; but that the College of Physicians shall take exclusive charge of the Examination in Medicine; and the College of Surgeons, along with the Faculty of Physicians and Surgeons of Glasgow, of the Examination in Surgery.

The Three Co-operating Bodies grant their single qualification only to Candidates who are already registered as possessing another and opposite Qualification in Medicine or Surgery as the case may be.

Regulations of the Conjoint Board of the Royal College of Physicians of Edinburgh, and the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow.—The candidate must produce certificates of having attended the following separate and distinct courses of lecture; the certificate distinguishing the sessions and the schools in which the courses were severally attended:—Anatomy, one course, six months. Practical anatomy, one course, twelve months.

Chemistry, one course, six months. Practical or analytical chemistry, one course, three months. Materia Medica, one course, three months. Physiology, one course, six months. Practice of medicine, one course, six months. Clinical medicine, one course, six months. Principles and practice of surgery, one course, six months. Clinical surgery, one course, six months. Midwifery and the diseases of women and children, one course, three months. Medical jurisprudence, one course, three months. Pathological anatomy, one course, three months. The candidate must also produce the following certificates:—(a) Of having attended six cases of labour under the superintendence of the practitioner who signs the certificate, who must be a registered medical practitioner. (b) Of having attended, for three months, instruction in practical pharmacy. The certificate to be signed by the teacher, who must be a member of the Pharmaceutical Society of Great Britain, or the superintendent of the laboratory of a public hospital or dispensary, or a registered practitioner who dispenses medicine to his patients, or a teacher of a class of practical pharmacy. (c) Of having attended for twenty-four months a public general hospital containing, on an average, at least eighty patients. (d) Of having attended, for six months, the practice of a public dispensary specially recognised by any of the co-operating bodies; or, of having been engaged for six months as visiting assistant to a registered practitioner. (e) Of having been instructed in vaccination. The certificate to be signed by the teacher, who must be a public vaccinator authorised by the Privy Council to grant the same.

First Examination, Fee, £5 5s.—The first examination shall embrace Chemistry (the examination in chemistry will embrace the following particulars: chemical physics and the principal non-metallic and metallic elements, and their more common combinations, together with the chief carbon compounds, especially the albuminous, saccharine, and oleaginous; the candidate will also be examined practically in testing; practical chemistry), Elementary anatomy (by elementary anatomy is meant anatomy of the bones, joints, muscles, and chief blood vessels); and Histology (by histology is meant microscopic recognition of the simple tissues); and shall take place not sooner than the end of the first year, including a winter and a summer session. Candidates who desire to pass the first professional examination, must apply to the Inspector of Certificates on or before the Friday preceding the day of examination, and must produce certificates of attendance on one course of chemistry, one course of practical chemistry, one course of anatomy, and nine months practical anatomy.

Second Examination, Fee, £15 15s.—The second examination shall embrace anatomy, physiology, materia medica, and pharmacy, and shall not take place before the termination of the summer session of the second year of study. Candidates must produce to the Inspector certificates of attendance on the prescribed courses of anatomy, practical anatomy, physiology, and materia medica. He must also produce a certificate of having passed the first examination.

Final Examination, Fee, £5 5s.—The final examination shall embrace the principles and practice of medicine (including therapeutics, medical anatomy, and pathology); clinical medicine; the principles and practice of surgery (including surgical anatomy, operative surgery, and surgical pathology); clinical surgery; midwifery (including gynaecology); medical jurisprudence; and hygiene; and shall not take place before the termination of the fourth year of study.

ROYAL UNIVERSITY OF IRELAND.

The Royal University of Ireland, which takes the place of the late Queen's University, has so far succeeded in its aims and objects, and will no doubt attract a very large number of medical students, who, from various circumstances, pecuniary and otherwise, could not comply with the regulations of the late and other Universities. The standard selected by the new University is a high one, and we believe that the Royal University of Ireland will prove of immense service to medical education in Ireland. A medical student from the Queen's Colleges, the Queen's University, or any other institution approved by the Senate, matriculated therein before October 1st, 1881, who has completed at least one year of the medical curriculum in any of the said colleges, is entitled to credit for any year's course in the Royal University, without passing the

first examination in arts. To put it plainly, all examinations passed by students of the Queen's Colleges are allowed for in the Royal University. The cost of lectures for the M.B., M.D., and M.Ch., with fees for examinations, will come to about £65, which, compared with other Universities, permits medical degrees to be obtained by those to whom an expensive curriculum would be a serious obstacle. The University differs from the Queen's University in granting a M.B. degree, and there is also a diploma in sanitary science, which is to be conferred only on graduates in medicine of the University, at a fee of £2.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS, IRELAND.

Grants a licence to practice medicine (L.K.Q.C.P.I.), and a licence in midwifery (L.M.K.Q.C.P.I.). The fee for the former is £15 15s. and the latter £3 3s. If the two are taken within a month of each other the combined fee is only £16 10s. This Corporation admits women to examinations for its licence. The College also grants Membership and Fellowship diplomas.

The examination for the *Licence of Medicine* is divided into two parts. The subjects for the first examinations are anatomy, physiology, practical histology, chemistry, and materia medica. Examinations in these subjects are held quarterly, in January, April, July, and October. The subjects of the Second or Final Examination are medicine, pathology, therapeutics, hygiene, medical jurisprudence, and midwifery. Stated Examinations for the *Second or Final Examination* are held on the Monday, Tuesday, and Wednesday following the first Friday in each month, excepting August and September. Gentlemen wishing to present themselves should make application a fortnight previously. At the *Final Examination* for the Licence in Medicine of the College, candidates will be examined as follows:—1. By printed questions. 2. At the bedside in one of the Clinical Hospitals in Dublin. 3. By oral questions. Persons qualified as follows are required to undergo the second or *Final* part of the Professional Examination only, viz.:—1. Candidates who have obtained by Examination one or more registrable qualifications, or a Degree in Medicine in a Foreign University recognised by the College. 2. Candidates who, having completed the curriculum required by the College, have passed the previous Examination or Examinations (where there are more than one) of any of the Licensing Corporations in the United Kingdom. Candidates who are physicians or surgeons of five year's standing are further exempted from the written portion of the Final Examination. Examinations for the *Licence in Midwifery* are held on the day following that for the Licence in Medicine, to which none are eligible except Licentiates of the College and candidates who hold a registrable qualification. Fee for the Licence in Medicine, fifteen guineas; in Midwifery, three guineas; if both Licences be taken in the same month, the fee for both will be sixteen guineas. Fee for the Licence in Medicine to Graduates in Arts and Medicine of any University in the United Kingdom, *Five Guineas*. The College also grants a certificate in *Sanitary Science* to its Licentiates under certain conditions. Every candidate for the *Membership* of the college shall be required to pass a professional Examination in the following subjects:—1. Principles of medicine, including pathology, medical anatomy, and medical chemistry. 2. Practice of medicine including principles of public health. 3. Clinical medicine. Fee for the membership, twenty guineas. The election for *Fellowship* takes place twice a year—on the First Friday in April, and on St. Luke's Day (October 18th). Candidates must be nominated three months previously. Fee, sixty pounds. Further particulars may be obtained from the Registrar, College Hall, Kildare Street, Dublin.

THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

This college grants a licence in surgery, a fellowship diploma, and a licence in midwifery. The total fees for the licence amount to £26 15s. The fee for the licence in midwifery, if taken one month after the licence in surgery, is £1 6s. if later, £2 2s.

The fee for the Fellowship is £21, in the case of a licentiate, if resident ten miles from Dublin. If within that radius, £31 10s. Further information of the Secretary.

THE APOTHECARIES' HALL, IRELAND

This body is very similar to the Apothecaries' Society of London, and grants a licence in medicine (L.A.H.), and also an assistant's certificate qualifying its holder to dispense medicine.

Further information may be obtained from the Secretary.

The above-named are the twenty examining bodies through which admission to the profession in the United Kingdom is alone attainable, and the number of degrees and diplomas granted by them is about fifty. It will be seen that the student has a wide range to choose from, and according to his object in entering the profession, so should he choose. If he desire to become a consulting physician, the necessary degree for him is M.D., and to this he should also add the M.R.C.P. If he wish to practise as a hospital surgeon, the M.S. of a University and the F.R.C.S. Eng., are the best qualifications. For general practice, a degree from any of the Universities, the M.R.C.S. and the L.R.C.P., are the most serviceable diplomas. These remarks apply principally to England. Of course students living in Scotland and Ireland will probably repair to the colleges of those divisions of the kingdom.

FOREIGN DEGREES AND DIPLOMAS.—Although foreign degrees cannot be strictly entitled "portals of the profession" in England, inasmuch as they confer no legal right to practise medicine in the United Kingdom, this seems the most fitting place to say a few words about them. Many British medical men and students unable to comply with the requirements as to residence, &c., of the Universities of their own country, seek the degree of M.D. from some respectable foreign University. Brussels, Berlin, Zurich, Geneva, &c., are the favourite resorts, the first-named especially having conferred its degrees on several practitioners in this country within the last few years. The Brussels degree is a very honourable one, and is conferred only after a very thorough and practical examination in general therapeutics, including pharmacodynamics (proportion of doses), special pathology, theory of midwifery, public and private hygiene, medical jurisprudence, the examination at the hospital of one or two patients under medical and surgical treatment, midwifery—consisting in obstetrical operations on the *mannequin* (model of pelvis); operative surgery—consisting in some of the usual operations on the dead subjects, as amputation, ligature of an artery, &c. No residence is required; the examination takes about five days, and the fee is about £25. The passing of this examination gives a man the power of calling himself Dr., legitimately, and of putting M.D. after his name in a strictly honourable manner, though he is not able to register the degree as a qualification in medicine. It is not improbable, however, that before long, degrees granted after examination by foreign Universities of good standing, will be registered as *additional* qualifications. Copious information concerning all foreign degrees and colleges, &c., is contained in Dr. J. A. Hardwicke's "Medical Education and Practice Throughout the World" (Churchill).

CHAPTER V.

Books.

The literature of medicine, like that of every other science, includes a vast number of works that had been infinitely better left unwritten, and from the study of which no permanent benefit can be hoped for. On the other hand, however, it, more than any other branch of knowledge, is enriched with volumes of incalculable value, and which are the enviable production of those whose genius and industry have placed them in the highest positions of professional eminence. Even in the class of books devoted to the use of students of medicine, not a few have been written by the most brilliant exponents of the various subjects treated of in them; and to this it is attributable that so rich an array of text-books lies ready to the hand of the tyro. It is, however, as we are constantly being reminded by the enquiries of correspondents, often a most difficult matter for the student himself to decide on the particular book to be selected; and it is for the guidance of such embarrassed readers that the following list has been constructed. In each case, the first-named will be found the most suitable for the purpose of initiating the reader into the subject of which it treats, and the others named will be found exhaustive treatises, intended rather for reference than for entire and steady mental ingestion. From the nature of this introduction, we are debarred from entering on any discussion of comparative merit; and we can-

not too strongly urge the student to solicit the advice of his teachers in all cases where he experiences either difficulty or diffidence in the choice of a book to aid his studies. One word further. Books on medicine and surgery are nothing beyond guides. They can serve only to suggest and to tell what must in every case, be seen. They do not profess to, they cannot, do more than this. And only by continually supplementing the knowledge he derives by reading with clinical observations, can the student obtain any benefit from his studies. Once appreciated, and afterwards serving to guide his conduct, the value of this advice will be increasingly apparent to him who accepts it, and acts in accordance with it.

Anatomy.—Holden's "Manual," Heath's "Practical Anatomy," Ellis's "Demonstrations," Wilson's "Vade Mecum," Quain's and Gray's "Anatomy," Ellis's and Ford's "Illustrations of Dissections," Masse's Plates, edited by Cantlie. Godlee's "Atlas of Human Anatomy." Mear's "Schematic Anatomy" presents the subject in an entirely original and novel manner. Brown's "Aids to Anatomy," Cooke's "Tablets."

Osteology.—Ward, Holden, and Wagstaff.

Physiology.—Huxley's "Elementary Physiology," for first year's men is an excellent introduction, as is also Fulton's "Students' Text Book." Foster's "Text-book of Physiology," and Kuss' "Manual of Physiology," are trustworthy manuals. Kirkes' "Hand-book," edited by Morratt Baker, Dr. Gerald Yeo's newly-published Manual are specially serviceable, as well as the newer and larger edition of Lowne's Aids. Lander's "Physiology," edited by Dr. Stirling, is an exceedingly readable and instructive volume, and is one that deserves to be generally read by English students. Carpenter's "Principles," is read by many men who have much time to spare, and much curiosity to indulge.

Practical Physiology.—For Practical work, "Practical Physiology," by Foster and Langley. "The Hand-book for the Physiological Laboratory," "Manual for the Physiological Laboratory," by Harris and Power; and for histological work in the Laboratory, Schäfer's "Practical Histology" is unrivalled. Many students find Rutherford's "Histology," and Thin's "Manual," useful. Stricker's "Human and Comparative Histology," in three vols. (New Sydenham Society), or in one vol. (American edition), is an exhaustive treatise, highly valuable to the advanced scholar, but less serviceable to the student. James' "Aids" will be found a useful introduction to the science.

Chemistry.—Roscoe's "Lessons in Elementary Chemistry," Wurtz's "Elements of Modern Chemistry," translated by Green (Lippincott and Co.); Fowne's Manual (Churchill), and Atfield's Chemistry (Van Voorst).

Accessory.—Semple's "Aids," Muter's "Analytical Chemistry," and Bernays' "Notes for Students."

Practical Chemistry.—Odling and Bowman's and Bloxman's Hand-book (Churchill).

Botany.—Bentley's "Manual," Balfour's "Manual," Oliver's "Elementary Botany," Semple's "Aids," Cooke's (Dr. T. M.) "Manual of Structural Botany."

Materia Medica and Therapeutics.—Mitchell Bruce's "Materia Medica and Therapeutics" (Cassell and Co.), Thorowgood's "Students' Guide," Garrod's "Materia Medica," Farquharson's or Ringer's "Therapeutics," Naphey's "Therapeutics" is a publication (7th edition) which fulfils the highest requirements, whilst Scoresby Jackson's "Materia Medica" is equal to any other work.—Griffith's or Henry's "Posological Tables," and James' "Questions and Answers in Therapeutics," and Semple's "Aids."

Midwifery and Diseases of Women.—Lloyd Robert's "Students' Guide," West and Duncan's "Diseases of Women" (a book that cannot be overpraised), Playfair's "Science and Practice of Midwifery," Churchill on the "Diseases of Women" is a standard work, and Dr. Edie's work is a most excellent one for students. Galabin's "Diseases of Women."

Surgery.—Holmes' (single vol.) "Surgery," and Bryant's are valuable works. Erichsen's "Science and Art of Surgery" is very popular, and Mr. Gant's "Science and Practice of Surgery" (2nd edition) is one of the best, if not the best, of lately published surgical treatises. Its value is greatly enhanced by the addition of remarks on special subjects, by authors eminent for their researches and their work on them. Brown's "Aids to Surgery," and Keetley's "Index," will be found of considerable service on the eve of examination.

Operative Surgery.—Heath's "Course of Operative Surgery," Bell's (Joseph) "Manual of Surgical Operations" (an excellent introduction). Fairlie-Clark's "Manual," Claude Bernard's "Operative Surgery," translated by Norton. For bandaging, &c., Heath's or Berkeley Hill's small hand-books, or Pye's "Surgical Handicraft."

Dental Surgery.—Tomes' "Manual." (Churchill.)

Medicine.—Fenwick's "Medical Diagnosis," and "Treatment," Bristowe's "Theory and Practice," Roberts' "Theory and Practice," Niemeyer's "Practical Medicine," Charteris' "Students' Guide," and Quain's Dictionary.

Pathology and Morbid Anatomy.—Green's "Pathology," this and the "Pathology of Consumption," by the same author, are both excessively useful and reliable; Billroth's Sieveking's, and Handfield Jones' works are exhaustive treatises and of great value. Dr. Coats, of Glasgow, has recently written a capital "Hand-book," which will become very popular. Ziegler's "Pathology," translated by Macalister.

Forensic Medicine.—Taylor's "Medical Jurisprudence," Abercrombie's "Students' Guide," and Guy's "Forensic Medicine." Hemming's "Aids" and Aubrey Husband's "Hand-book," will be found useful works.

For examination purposes, however, we cannot speak too favourably of Dr. MacNaughton Jones' "Practical Manual of Diseases of Women," and to all who have time, we would recommend the late Thorburn's admirable work on the same subject.

In special branches it is almost impossible to give a list of books, and the aid of the teacher should always be sought in reference to them. We may mention Tilbury Fox's "Treatise on Skin Diseases," and Erasmus Wilson's on the same subject. Lawson's work on "Ophthalmic Diseases," and a small work by Mr. Watson on "Eye Tension." In general science, a vast number of books are to be found. We mention a few: for the study of Zoology, Rolleston's "Forms of Animal Life," Nicholson's "Zoology," Huxley's "Anatomy of Vertebrate and Invertebrate Animals" (2 vols.), Macalister's "Introduction to Animal Morphology," West's "Syllabus of Vertebrate Zoology." In Physics, Ganot's "Physics," translated by Atkinson, Deschanel's "Natural Philosophy," Stewart's "Physics," and an "Elementary Treatise on Heat," by the same author.

This list might be extended almost indefinitely; but we have endeavoured to make it both limited and trustworthy.

One word as to means of reading. It is impossible for a great majority of students, from their limited means, to buy all the books they wish to read, and the facilities for obtaining them from college libraries are too few to be of much value. There are libraries (such as Lewis's, Gower Street and Henry Kimpton's, High Holborn), by subscribing to which medical students can obtain books for perusal in their own rooms.

THE HOSPITAL GAZETTE still continues to be the sole organ of student thought and opinion, being the only journal in the kingdom, or, we might say, in the world, exclusively devoted to the interest of the medical student. Its columns are open to any and all who desire to correct error, amend abuse, or call attention to administrative defects, while its chief object is to aid and assist the student in his legitimate endeavour to assist himself.

The student will find in the various "Guides" to the profession detailed information regarding the appointments, &c., open to qualified practitioners, but the space at our disposal will not permit of our entering upon the discussion of this subject.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post Office Orders are to be made payable at the Charing Cross Post-office.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor

of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

WE tender our best thanks to those gentlemen who have kindly supplied us with the returns and prospectuses upon which the information given in this Students' Number of THE HOSPITAL GAZETTE relative to the various medical examining bodies, hospitals, and medical schools of the United Kingdom is based.

The present number being principally devoted to information especially interesting to students, we are necessarily compelled to defer the publication of communications on other important subjects.

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Special terms for long series of Advertisements, which may be obtained from the Publishers, 20, King William Street, Strand, W.C.

ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.

GUY'S.—Medical and Surgical, daily, exc. T., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.

KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th.; Throat, Th. 3; Dental, Tu. F., 10.

LONDON.—Medical, daily, exc. S. 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9.

MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.

ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; Dental, Tu. F., 9.

ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th. 1.

ST. MARY'S.—Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 9.30; o.p., M. Th., 9.30; Eye, Tu. F., 9.30; Ear, W. S., 9.30; Throat, M. Th., 9.30; Skin, Tu. F., 9.30; Electrician, Tu. F., 9.30; Dental, W. S., 9.30.

ST. THOMAS'S.—Medical and Surgical, daily, except Sat. 2; Obstetric, M. Th., 2; o.p., W., 1.30; Eye, M. Th., 2; o.p. daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; Children, S., 12.30; Dental, Tu. F., 10.

UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S. 9.15; Throat, Th., 2.30; Dental, W., 10.30.

WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

OPERATION DAYS AT THE HOSPITALS.

MONDAY - - St. Bartholomew's, 1.30 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Hospital for Women, 2 p.m.

TUESDAY - - St. Bartholomew's, 1.30 p.m.—Guy's, 1.30 Westminster, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—West London, 3 p.m.—St. Thomas's (Ophthalmic Department), 4 p.m.—Cancer Hospital, Brompton, 3 p.m.

WEDNESDAY - St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—Middlesex, 1 p.m.—University College, 2 p.m.—London, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Great Northern Central, 2 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's, 1.30 p.m.

THURSDAY - - St. George's, 1 p.m.—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—Chelsea Hospital for Women, 2 p.m.

FRIDAY - - King's College, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Royal London Ophthalmic, 11 a.m.—Guy's, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.—East London Hospital for Children, 2 p.m.—Manchester Infirmary, 11 a.m.

SATURDAY - St. Bartholomew's, 1.30 p.m.—King's College, 1 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's, 1.30 p.m.—Royal Free, 9 a.m. and 2 p.m.—London, 2 p.m.—Manchester Infirmary, 11 a.m.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply. Three insertions for the price of two.

NORMAN on the Physiology and Pathology of the Blood, 2s. 6d.; Henry Smith's Surgery of the Rectum, Fifth Edition, 2s. 6d.; Bumstead and Taylor's Venereal Diseases, 4s. 6d. 259
BRODIE on Curvature and Diseases of the Spine, Third Edition; Heather Biggs' Manual of Orthopraxy, and Warrington Howard's Treatise on Orthopaedic Surgery; all good as new; the lot, 6s. 260

HANCOCK's Anatomy and Surgery of the Human Foot, 3s.; Duncan's Diseases of Women, 4s. 6d. 261

A BEAUTIFUL Perin's Artificial Eye, for learning to use ophthalmoscope. Almost new. £1 10s. A rare chance. 214

BONES, well marked, for sale, including preserved specimens of upper and lower extremity. Very cheap.—42, Harold Street, Camberwell. 260

WANTED, Crouch's New Model Histologist's Microscope, with rack adjustment. On approval. Give particulars and price.—Arthur B. Orohid, Ebbw Vale, Mon. 261

WANTED, Manuals of Dental Surgery, Tomes'; Anatomy (human and comparative), Tomes'; Dental Mechanics, Coles'; also Student's Guide to Dental Anatomy and Surgery, Sewill. Latest Edition only. State price and condition.—31, New Bailey Street, Manchester. 262

WANTED, Longman on Gunshot Injuries, Manual of Instruction for Army Hospital Corps, Manual of Exercises for Stretcher Bearers and Bearer Companies.—J. P. Massingham, Wolstanton, Stoke-on-Trent, Staffordshire. 263

ELLIS's Demonstrations, 1878, perfect, 3s.; Foster's Physiology, last Edition, 12s. 6d.; Roberts's Medicine, fifth Edition, 9s.; Griffiths' Elementary Text Book of the Microscope (unused), 3s. 6d.; Charteris's Medicine, last Edition, 2s.; Semple's Diseases of Children, 3s.; Klein's Histology, 3s.; Treves's Surgical Applied Anatomy, 4s.; Binaural Stethoscope, 10s.; all free. 215

AUSTIN FLINT's Text Book of Physiology (Lewis, 1876). Three plates and 313 woodcuts, pp. 978, 7s. 6d.; Watson's Practice of Physic. Two vols., fourth edition, 7s. 6d. Headland on the Action of Medicines, 3rd edition, 2s. 012

TODD and Bowman's Anatomy and Physiology. Two vols., second edition, calf, 5s. Ellis's Dissections, second edition, 3s. 6d.; Kirkes' Physiology, seventh edition, 4s. 6d.; Schäfer's Practical Histology, 3s. 0d.; or lot, 14s. post free. 013

MAUNDER's Surgery of the Arteries, 1s. 6d.; Liston's Practical Surgery, fourth edition, 2s. 6d.; Vincent's Observations on Surgical Practice, 2s. 6d.; Stanley on Diseases of the Bones, 3s. 6d.; or lot, 7s. 6d. 014

BUDD's Lectures on Diseases of the Stomach, 3s. 6d.; Budd on the Liver, 3s. 6d.; Swain on Diseases of the Knee-joint, 2s. 6d.; Baker Brown on Ovarian Dropsy, 2s. 015

McKENNICK's Outlines of Physiology, good condition, 5s.; Morton's Surgical Anatomy, with numerous lithographic plates and engravings, 7s. 6d.; Rymer Jones' General Structure of the Animal Kingdom, second edition, 2s. 6d. 016

SILVER's Elementary Botany, good as new, 2s. 6d.; West on How to Examine the Chest, 2s. 6d.; The Specific Action of Drugs, by Burness and Mavor, 2s.; Snow's Clinical Notes on Cancer, 1s. 6d. 262

DALE's Carmichael's Prize Essay on the State of the Medical Profession, 1s. 6d.; Higgins' Hints on Ophthalmic Out-Patient Practice, 2s.; Gant's Guide to the Royal College of Surgeons, third edition, 2s. All good as new. 263

WARD's Outlines of Zoology and Comparative Anatomy, 2s.; Clarke's Manual of Surgery (pocket book edition), 2s. 6d.; Stocken's Dental Materia Medica and Therapeutics, second

edition, 2s. 6d.; Osborne on the Anatomy and Treatment of Hydroceles, 2s. 264

Wootton's Guide to the Medical Profession (Macmillan and Co.), 3s.; Matthews Duncan on the Mechanism of Natural and Morbid Parturition, 4s. 6d.; Harris and Power's Manual for the Physiological Laboratory, second edition, 3s. 6d. The lot post free, 10s. 265

EUSTACE SMITH's Studies of Diseases in Children, 3s.; Wilson's Diseases of the Skin, the large edition, 6s. 266

DALTON's Human Physiology, sixth edition; Bradley's Comparative Anatomy and Physiology, 3s. 267

MASSEY's Handy-Book of Anatomical Plates (plain), 12s. 6d.; Hille's Essentials of Physiology, second edition, 5s.; Duncan's Diseases of Women, 5s.; Atthill's Diseases of Women, fourth edition, 2s. 6d. 268

PAGET's Lectures on Surgical Pathology, third edition, good condition, 10s.; Beale's Use of the Microscope in Clinical Medicine, first edition, 2s. 6d.; Tilbury Fox on Skin Diseases, third edition, 5s.; Tyrrell on Diseases of the Eye, 2 vols. 7s. 017

FARRIE's Materia Medica and Therapeutics, 2s. 6d.; Squire's Companion to the British Pharmacopoeia, eleventh edition, 2s. 6d. 018

Answers to numbered Advertisements to be addressed, under cover, care of Baillière, Tindall, and Cox, 20, King William Street, Strand, W.C.

ESTABLISHED 1861.

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The Birkbeck Almanack, with full particulars, on application.

FRANCIS RAVENSCROFT, Manager.

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FINEST MEAT FLAVOURING INGREDIENT FOR SOUPS,
MADE DISHES, SAUCES, &c.

Invaluable and efficient tonic for invalids.

Ask for Liebig COMPANY'S Extract, and see that no other is substituted for it.

CAUTION.—In consequence of certain dealers making use of Baron Liebig's photograph, title, &c., Baron H. von Liebig finds it necessary to caution the public that the Liebig Company's Extract of Meat is the only brand ever guaranteed as genuine of the finest flavour, either by himself or the late Baron Justus von Liebig. Purchasers must insist upon having the Liebig Company's Extract of Meat.

ST. BARTHOLOMEW'S HOSPITAL AND COLLEGE.

THE WINTER SESSION will begin on Thursday, October 1st, 1886.

Students can reside in the College within the Hospital walls, subject to the College regulations. The Hospital comprises a service of 750 beds, including 75 for convalescents at Swanley. For further particulars, apply, personally or by letter, to the Warden of the College, St. Bartholomew's Hospital, E.C.

A Handbook forwarded on application.

ST. BARTHOLOMEW'S HOSPITAL AND COLLEGE.

CLASSES FOR THE UNIVERSITY OF LONDON MATRICULATION EXAMINATION.

TWO Classes are held at St. Bartholomew's Hospital in each year for the convenience of gentlemen who are preparing for the Matriculation Examination at the University of London—from October to January, and from March to June. Fee for the course of three months, £10 10s.

PRELIMINARY SCIENTIFIC EXAMINATION.

Two classes are held in the subjects required for the Preliminary Scientific Examination, and both include all the subjects and practical work. One class begins on October 6th, and continues till July 10th; a second class begins September 1st, and continues till January 15th.

General Biology—T. W. Shore, M.B., B.Sc. Lond.

Chemistry and Mechanical and Natural Philosophy—E. Womack, M.B., B.Sc., Demonstrator of Natural Philosophy to the Hospital.

Fee for the whole course (to students of the Hospital), £10 10s.; to others, £12 12s.

For further particulars, apply to the Warden of the College, St. Bartholomew's Hospital, E.C.

A detailed Syllabus of the Classes forwarded on application

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.

HYDE PARK CORNER, S.W.

THE WINTER SESSION will COMMENCE on THURSDAY, October 1st, when an Introductory Address will be delivered by Timothy Holmes, Esq., F.R.C.S., at 4 p.m.

The following Entrance Scholarships will be offered for competition:—

1. A Scholarship, value £125, for the sons of medical men who have entered the School during the current year. 2. Two Scholarships, each of £50, open to all students commencing their studies. The subjects for these three scholarships will be Latin, French or German, and Elementary Physics, and the examination will be held on Monday, October 5th.

3. A Scholarship, value £90, open to all students who have entered the school during the current year, and who have passed the Cambridge 1st M.B. since October, 1884. Subjects—Elementary Biology, Anatomy, Physiology, and Practical Chemistry. 4. A Scholarship, value £75, for students who have entered during the current year, and have passed the Oxford 1st M.B. or the Cambridge 2nd M.B. Subjects—Anatomy and Physiology. The examination for these scholarships will be held during the month of October.

The following exhibitions and prizes are also open to students:—The William Brown £100 Exhibition, the William Brown £40 Exhibition, the Brackenbury Prize in Medicine, value £32, the Brackenbury Prize in Surgery, value £32, the Pollock Prize in Physiology, value £18, the Johnson Prize in Anatomy, value £10 10s., the Treasurer's Prize, value £10 10s., General Proficiency Prizes for first, second, and third year students of £10 10s. each, the Brodie Prize in Surgery, the Acland Prize in Medicine, the Thompson Medal, and Sir Charles Clarke's Prize.

All hospital appointments, including the two House Physicianships and two House Surgeonships, are awarded as the result of competition, and are open to the students without additional expense of any kind.

Clerkships and Dresserships, and all the minor appointments are given without extra fees. Several paid appointments, including that of Obstetric Assistant, with a salary of £100 and board and lodging, are awarded yearly upon the recommendation of the Medical School Committee.

Prospectuses and fuller details may be obtained by application to

WILLIAM WADHAM, M.D., *Dean*.

THE MIDDLESEX HOSPITAL MEDICAL SCHOOL.

THE WINTER SESSION will open on Thursday, OCTOBER 1st, at 3 p.m., with an Introductory Address by Dr. J. K. Fowler, M.A. After the Lecture the Prizes awarded during the past Winter and Summer Sessions will be distributed.

The ANNUAL DINNER of the past and present Students and their friends will take place the same evening at the Holborn Restaurant.

The Hospital contains 310 beds, and there are special departments for Cancer, Diseases of the Eye, Women, and Syphilis. In the new Out-patients' Department, in addition to Medical and Surgical cases, special days are devoted to Diseases of Children, the Throat and Ear, the Skin, and Cases requiring Electrical Treatment.

HOSPITAL STAFF AND LECTURERS.

Consulting Physicians—Dr. Goodfellow, Dr. Henry Thompson, Dr. Greenhow, F.R.S.

Physicians—Dr. Cayley, Dr. Sydney Coupland, Dr. Douglas Powell, Dr. D. W. Finlay.

Assistant-Physicians—Dr. J. K. Fowler, Dr. C. Y. Biss, Dr. J. J. Pringle.

Obstetric Physician—Dr. Arthur W. Edis.

Physician to the Skin Department—Dr. Robert Laveing.

Assistant Obstetric Physician—Dr. W. A. Duncan.

Consulting Surgeons—Mr. Shaw, Mr. Nunn.

Surgeons—Mr. Hulke, F.R.S., Mr. George Lawson, Mr. Henry Morris.

Assistant-Surgeons—Mr. Andrew Clark, Mr. A. Pearce Gould.

Ophthalmic Surgeon—Mr. William Lang.

Aural Surgeon—Mr. Arthur Hensman.

Consulting Dental Surgeons—Mr. Tomes, F.R.S., and Mr. Turner.

Dental Surgeon—Mr. Storer Bennett.

Assistant Dental Surgeon—Mr. Claude Rogers.

Other Lecturers—Mr. B. T. Lowne, Dr. Thorowgood, Mr. Foster, Mr. Henry Case, Mr. J. B. Sutton.

Two Entrance Scholarships, value £25 and £20 per annum, tenable for two years, and an Entrance Science Scholarship, of £50, will be competed for on September 29th, and following Days. Special arrangements are made for the convenience of Dental Students.

For Prospectus, or further information apply to the Dean, or the Resident Medical Officer at the Hospital.

LONDON HOMOEOPATHIC HOSPITAL AND MEDICAL SCHOOL.

GREAT ORMOND STREET, BLOOMSBURY.

WINTER SESSION 1886-86.

THE WINTER SESSION will COMMENCE on MONDAY, OCTOBER 6TH, at 5 p.m., when the annual HAHNEMANNIAN ORATION will be delivered by D. Dyon Brown, M.A., M.D., after which the Lectures and Hospital Practice in the Wards and Out-Patients' Department will be resumed.

Full particulars may be obtained from the Honorary Secretary of the Medical School, Dr. J. Galley Blackley, who will attend at the Hospital on Mondays and Thursdays from 2.30 to 4.30 p.m. for the purpose of giving information to intending students.

September, 1886.

By Order,
G. A. OROOS, Secretary.

SOUTH LONDON SCHOOL OF PHARMACY.

325, KENNINGTON ROAD, S.E.

Director: Dr. JOHN MUTER, M.A., F.I.C., F.C.S., &c.

Established 1st October, 1868.

Eighteenth Session 1885-6.

A separate Laboratory has been fitted up for the exclusive use of medical gentlemen qualifying for the various University examinations, or for medical officerships, who can therein receive private instruction in practical Chemistry, Toxicology, &c., for long or short periods at stated hours. For fees, apply to W. BAXTER, Secretary, South London Central Public Laboratory, Kennington-cross, S.E.

THE LONDON HOSPITAL AND MEDICAL COLLEGE.

HOSPITAL STAFF.

Consulting Physician—Dr. Ramskill.
Consulting Surgeons—Mr. Curling, F.R.S., Mr. Jonathan Hutchinson, F.R.S.
Physicians—Sir Andrew Clark, Bart., F.R.S., Dr. Langdon Brown, Dr. Hughlings Jackson, F.R.S., Dr. Sutton, Dr. Arncliffe, Dr. Stephen Mackenzie, Dr. Sansom, Dr. Charles Rod Turner, Dr. Gilbert Smith.
Dentist—Dr. Warner, Dr. Ralfe.
Dentists—Mr. Couper, Mr. Rivington, Mr. Warren Tay, Mr. McCarthy, Mr. Frederick Treves.
Dentists—Mr. Reeves, Mr. C. Mansell Moullin, Mr. Murray Fenwick, Mr. F. S. Eve.
Dentist—Dr. Herman.
Dentist—Dr. Lewers.
Dentist—Mr. Warren Tay, Mr. F. S. Eve.
Dentist to the Skin Department—Dr. Stephen Mackenzie.
Dentists—Dr. Edwd. Woakes, Mr. T. Mark Hovel.
Dentist—Mr. Barrett.

LECTURERS.

Medicine—Dr. Stephen Mackenzie.
Surgery—Mr. Rivington.
Operative Surgery—Mr. Rivington.
Practical Surgery—Mr. Reeves.
Anatomy—Mr. Frederick Treves.
Practical Anatomy—Mr. Mansell Moullin.
Physiology and Practical Histology—Mr. McCarthy.
Chemistry—Dr. C. Meymott Tidy.
Chemical Physics—Mr. F. J. M. Page.
Comparative Anatomy—Mr. C. Mansell Moullin.
Pathology—Dr. Sutton.
Midwifery—Dr. Herman.
Toxicology—Dr. C. Meymott Tidy.
Botany—Dr. F. Warner.
Medical Jurisprudence—Dr. Sansom.
Practical Chemistry—Mr. F. J. M. Page.
Materia Medica—Dr. Prosser James.
Diseases of the Eye—Mr. Warren Tay.
Diseases of the Throat—Dr. Morell Mackenzie.
Diseases of the Ear—Dr. Edwd. Woakes.
Anatomy and Pathology of the Teeth—Mr. Barrett.
Emeritus Professor of Surgery, Mr. Hutchinson will give Winter and Summer Sessions short Courses of Lectures on Surgical Subjects, consisting of Six Lectures each. The Subjects and the dates will be announced in due time.

THE WINTER SESSION 1885-86 will commence on Thursday, October 15. As the College will be in course of enlargement, there will be no Public Distribution of Prizes this year.

For Lectures and Hospital Practice, 90 guineas in one or 100 guineas by three instalments.

Hospital contains nearly 800 beds. Number of in-patients during 1884 was 8,016, out-patients 64,958.

RESIDENT AND OTHER HOSPITAL APPOINTMENTS are free to full students. The Resident appointments consist of five House-Physicians, five House-Surgeons, one Accommodation, and one Receiving Room. Two Dressers and two Maternity Assistants also in the Hospital. The holders of all the Resident Appointments are provided with rooms and board entirely free of charge.

ENTRANCE SCIENCE SCHOLARSHIPS, value £40, and Two Buxton Scholarships, value £30 and will be offered for competition at the end of September to students.

Letheby Prize, value £30, for proficiency in Chemistry. Scholarship, value £20, in Human Anatomy and Physiology for first year's students.

Scholarship, value £25, in Anatomy, Physiology, and Surgery, to second year's students.

Scholarship, value £20, in Clinical Medicine.

Scholarship, value £20, in Clinical Surgery.

Scholarship, value £20, in Clinical Obstetrics.

Blackworth Nelson Prize, value £10 (biennial) in Clinical Medicine and Surgery.

Hutchinson Prize, value £35 (triennial) in Clinical Medicine.

LONDON HOSPITAL—continued.

Prizes, value £80, to Dressers of Out-patients in Minor Surgery.

Special Classes for the Preliminary Scientific and Intermediate M.B. Examinations of the University of London, and for the Primary and Pass Examinations for the Fellowship of the Royal College of Surgeons of England, are held throughout the year.

Special entries for Medical and Surgical practice are made.

The London Hospital is now in direct communication by rail and tram with all parts of the metropolis, and the Metropolitan, Metropolitan District, East London, and South-Eastern Railways have stations within a minute's walk of the Hospital and College.

For prospectus and particulars apply personally, or by letter to—

Mile End, E.

MUNRO SCOTT, Warden.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL,

ALBERT EMBANKMENT, LONDON, S.E.

THE WINTER SESSION of 1885-86 will commence on OCTOBER 1st, when an Introductory Address will be delivered by A. O. MACKEILLAR, Esq., M.Ch., at 3 p.m.

TWO ENTRANCE SCIENCE SCHOLARSHIPS, of £100 and £80 respectively, open to all First Year Students, will be offered for competition. The Examination will be held on the 5th, 6th, and 7th of October, and the subjects will be Chemistry and Physics, with either Botany or Zoology, at the option of Candidates.

Special Classes are held throughout the year for the PRELIMINARY SCIENTIFIC and INTERMEDIATE M.B. Examinations of the UNIVERSITY OF LONDON.

All Hospital Appointments are open to Students without extra charge.

Scholarships and Money Prizes of considerable value are awarded at the Seasonal Examinations, as also several Medals.

The Fees may be paid in one sum or by instalments. Entries may be made to Lectures or to Hospital Practice, and special arrangements are made for Students entering in their second or subsequent years; also for Dental Students and for Qualified Practitioners.

Several Medical Practitioners and Private Families residing in the neighbourhood receive Students for residence and supervision, and a register of approved lodgings is kept in the Secretary's office.

Prospectuses and all particulars may be obtained from the Medical Secretary, Mr. George Rendle.

W. M. ORD, Dean.

WESTMINSTER HOSPITAL.

OPENING OF NEW MEDICAL SCHOOL BUILDINGS, October 1st. INTRODUCTORY ADDRESS by MR. GEORGE COWELL at Three p.m.; followed by the Distribution of Prizes by Sir RUTHERFORD ALCOCK, K.C.B., and Conversations.

The ANNUAL DINNER of the Staff and Old and Present Students will be held on Monday, October 5th, at 6.45 p.m., at the Holborn Restaurant, Dr. FINCHAM in the Chair.

PRIZES.—Entrance Scholarships, value £80 and £40, on Examination. Subjects:—Latin (Cæsar, the Gallic War, Books V. and VI.), French or German, Mathematics, Chemistry, and Experimental Physics, on September 29th and 30th.

The Treasurers' Prize, value 10 guineas, for first year's subjects; the President's Prize, value 20 guineas, in Anatomy and Physiology, for second year's men; Prizes for Clinical Medicine and Surgery, of £5 each, special Class Prizes; Bird Prize and Medal, £15; Chadwick Prize, £21, &c.

FEES.—£100 in one sum on entrance; or 100 guineas in two payments; or £115 in five payments. No extras, except parts for dissection, and Class of Experimental Physics. Special Fees for Partial and Dental Students.

The School Buildings afford the most complete accommodation for 150 students. The rooms and theatres are large and well-lighted, and fitted with the most modern improvements.

For Prospectus and Particulars, apply to

F. DE HAVILLAND HALL, M.D., DEAN.

THE DENTAL HOSPITAL OF LONDON MEDICAL SCHOOL, LEICESTER SQUARE.

THE WINTER SESSION will commence on
Thursday, October 1.

LECTURES.

Mechanical Dentistry—Dr. Walker, M.R.C.S., L.D.S., on Wednesdays, at 5 p.m., commencing on October 7.
Metallurgy in its application to Dental Purposes—Professor A. K. Huntington, F.C.S., on Tuesdays, at 12 a.m., commencing October 6.

The SUMMER SESSION will commence in May, 1886.
Dental Surgery and Pathology—Mr. S. J. Hutchinson, M.R.C.S., L.D.S., on Tuesdays and Fridays, at 8 a.m.
Dental Anatomy and Physiology (Human and Comparative).—Mr. Arthur Underwood, M.R.C.S., L.D.S., on Wednesdays and Saturdays, at 8 a.m.

General Fee for Special Lectures required by the Curriculum, 5 15s.

DENTAL HOSPITAL OF LONDON.

Consulting Physician—Sir J. Risdon Bennett, M.D.

Consulting Surgeon—Mr. Christopher Heath, F.R.C.S.

Consulting Dental Surgeons { Mr. F. Cartwright, F.R.C.S.
 { Mr. John Tomes, F.R.S.

Dental Surgeons Assist. Dental Surgeons.

Monday, 9 a.m.	Mr. D. Hepburn	Mr. W. Hern.
Tuesday, "	Mr. R. Woodhouse	Mr. A. S. Underwood.
Wednesday, "	Mr. Gregson	Mr. Claude Rogers.
Thursday, "	Mr. Storer Bennett	Mr. G. Parkinson.
Friday, "	Mr. Moon	Mr. L. Read.
Saturday, "	Mr. P. Canton	Mr. Truman.

Dentoformists { Mr. Braine, F.R.C.S.; Mr. Bailey, M.R.C.S.;
 { Mr. T. Bird, F.R.C.S.; Mr. Mills, M.R.C.S.

Dental Tutor—Mr. W. B. Paterson, F.R.C.S., L.D.S.
Demonstrators—Mr. E. Latchmore, L.D.S.; Mr. W. R. Ackland, L.D.S.

House Surgeon—Mr. J. O. V. Crocker, L.D.S.

Assistant House Surgeon—Mr. H. Lloyd Williams, L.D.S.

The Medical Tutor holds Classes before each Examination.
A Demonstrator attends each day.

The House Surgeon and Assistant House Surgeon attend by while the Hospital is open.

On every day during the Lecture Session the Surgeons of day will, if practicable, give Demonstrations, especially intended for the Junior Pupils, of the Operations performed in Dental Surgery.

The Saunders Scholarship of £20 per annum and Prizes are open for competition.

Fee for Two Years' Hospital Practice required by the Curriculum, £15 15s. Fees for Lectures and Practice £31 10s.
Additional Fees for a General Hospital for the two years to fulfil the requirements of the Curriculum vary from £40 to £120.

Further particulars may be obtained on application to the Dean, at the Hospital, where he will attend in the afternoons on September 26th to October 1st, inclusive, from 5 p.m. to 6.30 o'clock, or on Wednesday mornings from 10.30 to 12.

MORTON SMALE, Dean.

VICTORIA UNIVERSITY.

DEGREES IN MEDICINE AND SURGERY.

Full particulars as to Courses of Study, Examinations, may be obtained from the Registrar.

An Entrance Examination in Arts (recognised by the General Council) will be held in Owen's College, Manchester, University College, Liverpool, on Monday, October 5th, following days.

Candidates who are not members of the University will be required to pay a fee of £1, and to furnish the Registrar with a certificate from their last instructor or some other suitable person, stating that they are proper persons to be admitted to examination. Notice of intention to be present at the examination must be given in writing to the Registrar on or before September 19th.

A. T. BENTLEY, M.A.,

Manchester.

Registrar.

OWENS COLLEGE (VICTORIA UNIVERSITY), MANCHESTER.

MEDICAL DEPARTMENT.

Principal—J. G. GARRWOOD, LL.D.

PROFESSORS AND LECTURERS.

Anatomy, Descriptive and Practical—Professor Alfred H. Young, M.B., F.R.C.S.

Physiology and Histology—Lecturer in Histology, W. H. Waters, M.A.

Medicine—Professors William Roberts, M.D., F.R.S., F.R.C.P., and J. E. Morgan, M.D., M.A., F.R.C.P.

Clinical Medicine—Henry Simpson, M.D.; Professors J. E. Morgan, M.D., M.A., F.R.C.P.; D. J. Leech, M.D., F.R.C.P.; Julius Dreschfeld, M.D., F.R.C.P.; James Ross, M.D., LL.D., F.R.C.P., and Graham Steel, M.D., M.R.C.P.

Surgery—Professor Edward Lund, F.R.C.S. Assistant Lecturer—Frederick A. Southam, M.B., M.A., F.R.C.S.

Clinical Surgery—Fredk. Ashton Heath, M.R.C.S.; Walter Whitehead, F.R.C.S.E., F.R.S.E.; Thomas Jones, M.B., B.S., F.R.C.S.; James Hardie, M.D., F.R.C.S.; Fredk. A. Southam, M.B., M.A., F.R.C.S., and George A. Wright, M.B., B.A., F.R.C.S.

Practical Surgery—Thomas Jones, M.B., B.A., F.R.C.S.

General Pathology and Morbid Anatomy—Professor Julius Dreschfeld, M.D., F.R.C.P.

Surgical Pathology—Professor Alfred H. Young, M.B., F.R.C.S.

Chemistry—Professor Sir H. E. Roscoe, LL.D., B.A., Ph.D., F.R.S.

Organic Chemistry—Professor C. Schorlemmer, F.R.S.

Zoology and Comparative Anatomy—Professor A. Milnes Marshall, M.D., M.A., D.Sc., F.R.S.

Obstetrics and Gynaecology—Professor Charles J. Cullingworth, M.D., M.R.C.P.

Clinical Obstetrics and Gynaecology—D. Lloyd Roberts, M.D., F.R.C.P., F.R.S.E.; Professor Chas. J. Cullingworth, M.D., M.R.C.P.

Diseases of Children—Henry Ashby, M.D., M.R.C.P.

Mental Diseases—George Wm. Mould, M.R.C.S.

Operative Surgery—Thomas Jones, M.B., B.S., F.R.C.S.

Practical Morbid Histology—Professor Julius Dreschfeld, M.D., F.R.C.P.

Medical Jurisprudence—Professor Chas. J. Cullingworth, M.D., M.R.C.P.

Hygiene—Arthur Ransome, M.D., M.A., F.R.S.

Materia Medica, Therapeutics, and Pharmacy—Professor D. J. Leech, M.D., F.R.C.P. Assistant Lecturer—William Elborne.

Ophthalmology—David Little, M.D.

Clinical Ophthalmology—David Little, M.D.; Charles E. Glascock, M.D.

Comparative Embryology—Professor A. Milnes Marshall, M.D., M.A., D.Sc., F.R.S.

Comparative Osteology—C. Herbert Hurst.

Botany—Professor W. C. Williamson, LL.D., F.R.S.

SCHOOL OF DENTAL SURGERY.

Dental Surgery—Leonard Matheson, L.D.S.

Dental Anatomy and Physiology—Joseph Collier, M.B., B.S., F.R.C.S.

Dental Mechanics—Thomas Tanner, L.D.S.

Dental Metallurgy—C. A. Burghardt, Ph.D.

There are Assistant Lecturers and Demonstrators in the chief Subjects of the Curriculum.

In connection with the College there are also the following departments:—

Arts, Science, and Law Department.

Department for Women (223, Brunswick Street).

Evening Classes Department.

The Classes at the College qualify for Degrees in the Victoria University; for many of the Degree Examinations of the London University; and for the Diplomas of the Royal Colleges of Physicians and Surgeons of London, &c.

Prospectuses of any of the Departments may be obtained from the Registrar.

HENRY WM. HOLDER, M.A., Registrar.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE.

NEWCASTLE-UPON-TYNE.

THE WINTER SESSION will be opened on October 1st, 1885, at 2 p.m., in the Wood Memorial Hall, when the Scholarships and Prizes will be presented by Gainsford Bruce, Esq., Q.C.

LECTURES—WINTER SESSION.

Anatomy—Dr. Mears.
Physiology—Mr. Williamson and Dr. Oliver.
Chemistry—Professor Bedson, D.Sc.Lond.
Medicine—Professor Philipson, M.A., M.D., D.C.L., F.R.C.P.
Surgery—Dr. Heath and Dr. Arnison.
Hygiene—Mr. Henry E. Armstrong.
Psychology—Mr. Wickham.
Physics—Professor A. S. Herschel, M.A., F.R.S.
Zoology—Professor Brady, M.A., F.R.S.

SUMMER SESSION.

Botany—Dr. Murphy.
Materia Medica—Mr. McBean.
Practical Chemistry—Professor Bedson.
Practical Physiology—Dr. Oliver.
Midwifery—Dr. Nesham.
Diseases of Women—Dr. Gibson.
Medical Jurisprudence—Mr. Page.
Therapeutics—Dr. Barron.
Pathology—Dr. Drummond.
Operative Surgery—Dr. L. Armstrong.
Tutor in Arts—Rev. J. Bulmer, B.D.

LICENCES, DEGREES, AND CERTIFICATES IN MEDICINE, SURGERY, AND SANITARY SCIENCE.—Two Licences, Three Degrees, and One Certificate are conferred by the University of Durham, viz.:—Licences in Medicine and in Surgery, the Degrees of Bachelor in Medicine, Master in Surgery, and Doctor in Medicine, and a Certificate of Proficiency in Sanitary Science.

Attendance at the University of Durham College of Medicine during one of the four years' of professional study, or subsequently to qualification elsewhere, is required as part of the curriculum for the Degrees, except in the case of Practitioners of more than fifteen years' standing, and forty years of age, who can obtain the degree after examination only.

There are Three Examinations for the degree of M.B.: the First, consisting of Elementary Anatomy and Physiology, Chemistry, Physics, and Botany; the Second, of Anatomy, Physiology, Materia Medica, and Pharmacy; and the Third, of Medicine, Surgery, Midwifery, and the allied subjects. Candidates who shall have passed the First and Second Examinations for the Degree, will be exempt from the First and Second Examinations of the Conjoint Board in England. Candidates who shall have passed the First Examination of the Conjoint Board in England will be exempt from the First Examination for the Degree, except in the subject of Chemistry and Physics, in which they will be re-examined.

The First and Second Examinations for the Degree of M.B. may be passed prior to the commencement of attendance at Newcastle.

The extra Arts Examination must be passed previously to the Candidate's entry for the Third Examination for the Degree.

Lists of the questions of former Examinations, together with full particulars and synopsis of the subjects, will be found in the Prospectus, which may be obtained by application to the Registrar.

SCHOLARSHIPS, &c.—The following Scholarships and Prizes are awarded annually: a University of Durham Scholarship, value £100, for proficiency in Arts, awarded to full students in their first year. The Dickinson Scholarship, value £15 and a Gold Medal, for Medicine, Surgery, Midwifery, and Pathology. The Tulloch Scholarship, value £20, for Anatomy, Physiology, and Chemistry. The Charlton Scholarship, value about £35, for Medicine. The Gibb Scholarship, value £25, for Pathology. The Goyder Memorial Scholarship (at the Infirmary), value about £15, for Clinical Medicine and Clinical Surgery. At the end of each Session, a Silver Medal and Certificates of Honour are awarded in each of the regular classes. An Assistant-Curator of the Museum is annually appointed from among the Senior Students. Four Assistant Demonstrators of

UNIVERSITY OF DURHAM—continued.

Anatomy, receiving each an honorarium of £5, two Prosecutors, two Assistant Physiologists, are elected yearly. Two Pathological Assistants, two Assistants to the Dental Surgeon, and one Assistant in the Eye Department are also elected every three months. Medical and Surgical Assistants, Clinical Clerks and Dressers, are appointed every three months.

NEWCASTLE-ON-TYNE INFIRMARY.

MEDICAL AND SURGICAL STAFF.

Physicians—Drs. Philipson, Drummond, Oliver, and Limont. Surgeons—Drs. Arnison, L. Armstrong, Hume, and Mr. Page.

Assistant-Surgeons—Mr. T. H. Dodd and Mr. Williamson.

Pathologist—Dr. Drummond.

Dental Surgeon—Mr. E. Fothergill.

House Physician—Mr. J. Waldy.

Senior House Surgeon—Mr. G. W. Ridley.

Junior House Surgeon—Mr. F. Bramwell.

The Infirmary contains 280 beds. There are special Wards for the treatment of Children, and for Ophthalmic and Syphilitic Diseases. Clinical Lectures are delivered by the Physicians and Surgeons in rotation. Pathological Demonstrations are given as opportunity offers by the Pathologist. Practical Midwifery can be studied at the Newcastle Lying-In Hospital, where there is an out-door practice of about 500 cases annually.

Lectures are given on Psychological Medicine at the Cox-lodge Lunatic Asylum, by R. H. B. Wickham, Medical Superintendent.

FEES.

(a) A Composition Ticket for Lectures at the College may be obtained—

1. By payment of 60 guineas on entrance.
2. By payment of 35 guineas at the commencement of the first and second Winter Sessions.
3. By three annual instalments of 30, 25, and 20 guineas respectively, at the commencement of the seasonal year.

(b) Fees for attendance on Hospital Practice—

For three months Medical and Surgical Practice, 5 gs.

" six "	" "	" 8 "
" one year's "	" "	" 12 "
" perpetual "	" "	" 25 "

or by three instalments at the commencement of the seasonal year—viz., first year, 12 guineas; second year, 10 guineas; third year 6 guineas. Or by two instalments—viz., first year, 14 guineas; second year, 12 guineas.

(c) Single Courses of Lectures or Tutorial classes, 5 guineas.

Fees for Lectures, &c., at the College must be paid to the Registrar, and fees for Hospital Practice to the House Physician at the time of entry.

Further particulars with regard to examinations may be obtained from Dr. Luke Armstrong, 26, Clayton-street West, Newcastle-upon-Tyne; or, on all other matters connected with the College, from Mr. Henry E. Armstrong, 6, Wentworth Place, Newcastle-on-Tyne.

UNIVERSITY OF DURHAM.

DURING the Medical Year 1885-1886, Examinations will be held as follows:—

THE EXAMINATION for the Certificate of Proficiency in SANITARY SCIENCE, will begin on September 21st, 1885, and on April 26th, 1886. **The First Examination for Degrees in MEDICINE and SURGERY under the New Regulations** will begin on September 14th, 1885, and April 19th, 1886. **The First Examination under the Old, and the Second Examination under the New Regulations for Degrees** will begin September 21st, 1885, and April 26th, 1886.

The Examination for the Degree of M.D., for Practitioners of fifteen years' standing, and for the Degree of M.D., and the final Examinations for the Degrees of M.B. and M.S. will begin on December 7th, 1885, and again on June 21st, 1886.

Intending candidates must forward their names, together with the fee, at least 28 days before the date of commencement of the Examination for which they wish to enter.

Full particulars, prospectuses, and examination papers may be obtained on application to the Registrar of the University of the Durham College of Medicine, Dr. Luke Armstrong, Clayton Street West, Newcastle-on-Tyne.

YORKSHIRE COLLEGE, LEEDS, MEDICAL DEPARTMENT.**THE WINTER SESSION, being the Fifty-fifth of the****LEEDS SCHOOL OF MEDICINE,**

Will commence on October 1st, when an Introductory Address will be delivered at 4 p.m. in the Chemical Lecture Theatre, by JONATHAN HUTCHINSON, Esq., F.R.S., F.R.C.S., Consulting Surgeon to the London Hospital.

PROFESSORS, LECTURERS, AND DEMONSTRATORS.
Medicine—Professor J. E. Eddison, M.D. Edin.; Thomas Churton, M.D. Aberd.

Surgery and Practical Surgery—Professor T. R. Jessop, F.R.C.S.; Edward Atkinson, F.L.S.

Descriptive and Surgical Anatomy—Professor A. F. McGill, F.R.C.S.

Lecturer on Osteology—Edmund Robinson.

Practical Anatomy—Demonstrator—W. Owen Travis, M.B., B.S. Honorary Demonstrators—R. N. Hartley, M.B., B.Sc.Lond.; W. H. Brown; F. P. Flood; Herbert Rowe.

Physiology, Practical Physiology, and Histology—Professor De Burgh Birch, M.D. Edin., F.R.S.E.; A. G. Barra, M.D. Edin., M.R.C.P.

Pathology and Morbid Histology—Ernest H. Jacob, M.A., M.D. Oxon.

Midwifery—Chas. J. Wright.

Diseases of Women and Children—Jas. Braithwaite, M.D. Lond.

Forensic Medicine—Thomas Scattergood, Demonstrator of Practical Toxicology—O. H. Bothamley, F.C.S.

Materia Medica—J. B. Hellier, M.D. Lond.

Chemistry and Practical Chemistry—Professor A. Smithells, B.Sc. Lond., F.C.S. Demonstrator—O. H. Bothamley, F.C.S.

Botany—Professor L. C. Miall, F.L.S., F.G.S.

Operative Surgery—A. W. Mayo Robson, F.R.C.S.

Ophthalmology—J. A. Nunneley, M.B. Lond.

Mental Diseases—W. Bevan Lewis.

Hygiene—R. N. Hartley, M.B. Lond.

Comparative Anatomy and Zoology—Professor L. C. Miall, F.L.S., F.G.S.

Hospital Instruction—By the Physicians and Surgeons to the General Infirmary.

A special course of Clinical Lectures will be delivered during the winter session by Dr. Clifford Allbutt, F.R.S., Mr. C. G. Wheelhouse, and Mr. T. Fridgein Teale.

The Lectures and Hospital Practice qualify Students for the various Examining Boards. Students can enter for the Hospital Practice or the Lectures, or for a single course of lectures separately.

The Infirmary, in which the medical and surgical practice is conducted, has an average of over 200 in-patients. Senior Students are selected according to merit for several resident appointments. The Dispensary, the Fever Hospital, the Hospital for Women and Children, and the West Riding Lunatic Asylum, are also available for the instruction of students.

The Prospectus and further information may be obtained from the Registrar of the College, by whom also tickets will be issued.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.**PRELIMINARY EXAMINATION.****THE ROYAL COLLEGE OF PHYSICIANS OF**

EDINBURGH have ceased to hold the **PRELIMINARY EXAMINATION IN GENERAL EDUCATION** for intending Students in Medicine, which has hitherto been conducted by them conjointly with the Royal College of Surgeons of Edinburgh. The Examination will for the future be conducted by the Educational Institute of Scotland, whose Examinations have been recognised by the General Medical Council.

Prospectuses may be obtained from the officers of the Royal College of Physicians and Royal College of Surgeons; from Mr. Robertson, Registrar, 4, Lindsay Place; or from Mr. Taylor, C.A., 7, George Street, Edinburgh.

G. A. GIBSON, M.D., Hon. Secretary.
 Edinburgh, 1st August, 1885.

NOTICE.

THE PRELIMINARY EXAMINATIONS of the **ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH**, conducted by the **EDUCATIONAL INSTITUTE OF SCOTLAND**, will be held on 8th October, 1885, 8th April, 1886, and 8th July, 1886.

G. A. GIBSON, M.D., Honorary Secretary to the Royal College of Physicians.

JOSEPH BELL, M.D., Honorary Secretary to the Royal College of Surgeons.

Edinburgh, 1st August, 1885.

UNIVERSITY OF GLASGOW.

SESSION 1885-86.

THE MEDICAL SESSION will be opened with an Introductory Discourse by Professor BOWEN, M.A., F.L.S., on Tuesday, the 27th October, 1885.

WINTER COURSES.

Zoology, 9 a.m.—Professor Young.

Clinical Medicine, 9 a.m.—Professor M'Call Anderson and Professor Gairdner.

Clinical Surgery, 9 a.m.—Professor George Buchanan and Professor Macleod.

Chemistry, 10 a.m.; and **Chemical Laboratory**, 10 a.m. to 4 p.m.—Professor Ferguson.

Anatomy: Senior, 11 a.m.; Junior, 2 p.m.; and **Practical Anatomy**, 9 a.m. to 4 p.m.—Professor Cleland, assisted by J. Yule Mackay, M.D., and other Demonstrators.

Practice of Physic, 11 a.m.—Professor Gairdner.

Materia Medica, 12 noon, and **Pharmaceutical Laboratory**—Professor Charteris and Dr. Napier.

Institutes of Medicine, 12 noon, and **Physiological Laboratory**

—Professor M'Kendrick, assisted by J. M'Gregor Robertson M.A., M.B., the Muirhead Demonstrator.

Surgery, 1 p.m.—Professor Macleod.

Midwifery, 2 p.m.—Professor Leishman.

Public Health—Professor Simpson.

SUMMER SESSION.

During the Summer Session, which opens on 1st May, the Courses of Botany (Professor Bower), Practical Chemistry, Forensic Medicine (Professor Simpson), and Clinical Medicine, and Clinical Surgery, are given. There are also Courses of Anatomy (Lectures on Embryology), Practical Anatomy, Zoology, Practical Zoology, Vegetable Histology and Practical Botany, Practical Physiology (including Histology), Practical Materia Medica, Practice of Physic, Practical Pathological Histology, Operative Surgery, and Lectures on Diseases of Women.

LECTURERS.—Pathology—The Courses of the Pathologist of the Western Infirmary, Dr. Joseph Coats, and of the Pathologist of the Royal Infirmary, are recognised.

Diseases of the Eye—Thomas Reid, M.D., Waltonian Lecturer (Summer Course).

Insanity—Dr. David Yellowlees, Royal Asylum, Gartnavel, (Summer Course).

WESTERN INFIRMARY.—This Hospital, near the University, contains 400 beds for Medical and Surgical patients, also Wards for Skin Diseases, and one for Diseases peculiar to Females.

DEGREES.—Three Medical Degrees are conferred, viz.: Bachelor of Medicine (M.B.) and Master of Surgery (C.M.), which must be taken together, and Doctor of Medicine (M.D.); all of which are recognised by the Medical Act as qualifying for practice throughout the British dominions.

COST OF EDUCATION.—The Fee for each class is £3 3s., and the total minimum expenses for classes, hospital, and graduation fees for M.B. and C.M. amount to about £90. The fee for M.D. is £15 8s.

BURSARIES.—Bursaries to the annual amount of £1,150 may be held by Students during their medical studies.

Full particulars connected with the course of education and examination required for the Degrees, and the Preliminary Examination required to be passed by Students before beginning medical study, will be found in the University Calendar (by post 3s.); or a syllabus of the regulations, fees, etc., may be obtained by applying to Mr. Moir, Assistant Clerk of Senate.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE.

NEWCASTLE-UPON-TYNE

THE WINTER SESSION

October 1st, 1885, at
Hall, when the Scholars will
be admitted by Gainsford Bruce, Esq.,

LECTURES

Anatomy—Dr. Mearns.
Physiology—Mr. W.
Chemistry—Prof.
Medicine—Prof.
Surgery—Dr. H.
Hygiene—Mr. I.
Psychology—
Physics—Prof.
Zoology—Pr

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Clinical Instruction on Diseases of Children at Royal Hospital for Sick Children—Lecturers: James Andrew, M.D., and James Carmichael, M.D., Royal Infirmary, at noon, daily.

The Classes in the Faculty of Medicine, except Botany, Natural History, Clinical Medicine, and Clinical Surgery, will meet in the University new Buildings.

The following means are afforded for Practical Instruction (Winter and Summer):—

Practical Anatomy, under the Superintendence of Prof. Turner.

Anatomical Demonstrations, by Prof. Turner and the Principal Demonstrator, David Hepburn, M.B., C.M.

Anatomical Museum, under the Superintendence of Prof. Turner.

Practical Chemistry, under the Superintendence of Prof. Crum Brown.

Practical Physiology, under the Superintendence of Prof. Simpson.

EDINBURGH—continued.

Medicine, including Pharmacy, under the Superintendence of Prof. Thomas R. Fraser.

Chemistry and Practical Pathology, under the Superintendence of Professor Greenfield.

Advanced Class of Clinical Medicine, in the Royal Infirmary, under the Superintendence of the Clinical Professors.

Advanced Class of Clinical Surgery, in the Infirmary, under the Superintendence of Prof. Annandale.

Obstetrical and Gynecological Operations, under the Superintendence of Prof. Simpson.

Chemical Laboratory, under the Superintendence of Prof. Crum Brown.

Medical Jurisprudence Laboratory, under the Superintendence of Prof. MacLagan.

Physiological Laboratory and Museum, under the Superintendence of Prof. Rutherford.

Pathological Laboratory, under the Superintendence of Prof. Greenfield.

Natural History Laboratory, under the Superintendence of Prof. Ewart.

Royal Botanic Garden, Herbarium, Museum, and Laboratory, under the Superintendence of Prof. Dickson.

Materia Medica Museum and Laboratory, under the Superintendence of Prof. Thomas A. Fraser.

Surgical Laboratory and Museum, under the Superintendence of Prof. Chiene.

Bandaging and Surgical Appliances, under the Superintendence of Prof. Chiene (Winter).

Practical Botany and Vegetable Histology,—by Prof. Dickson (Summer).

Practical Natural History,—by Prof. Ewart (Summer).

Operative Surgery and Surgical Appliances,—by Prof. Chiene (Summer).

Practical Materia Medica and Pharmacy,—by Prof. Thomas R. Fraser (Summer).

Classes will meet for the last time before the Christmas Holidays on Wednesday, December 23rd, and will re-assemble for the first time after the Christmas Holidays on Tuesday, January 5th.

The Classes in Medicine close on the 31st March, 1886.

Graduation Ceremonial in Medicine, Monday, 2nd August, 1886.

During the Summer Session, Lectures will be given on the following Subjects:—

Botany and Vegetable Histology,—by Prof. Dickson.

Medical Jurisprudence, for Students of Law and Medicine,—by Prof. MacLagan.

Clinical Medicine,—by Profs. Grainger Stewart, T. R. Fraser, and Greenfield, and by Prof. Simpson, on Diseases of Women.

Clinical Surgery,—by Prof. Annandale.

Chemistry (Advanced Class),—by Prof. Crum Brown.

Natural History,—by Prof. Ewart.

Operative Surgery,—by Prof. Chiene.

Medical Psychology and Mental Diseases, with Practical Instruction at the Royal Edinburgh Asylum,—by the Physician Superintendent, Thomas S. Clouston, M.D.

Diseases of the Eye,—by D. Argyll Robertson, M.D.

Clinical Instruction in Diseases of Children, at Royal Hospital for Sick Children,—By James Andrew, M.D., and James Carmichael, M.D.

Anatomical Demonstrations,—by Prof. Turner.

Information relative to Matriculation and the Curricula of Study for Degrees, Examinations, &c., &c., may be obtained on application at the Secretary's Office; and full details are given in the University Calendar, published by James Thin, 55, South Bridge.

September, 1885.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

NOTICE TO CANDIDATES.—Examinations for the Licences in Medicine and Midwifery of the College are held in the week following the first Friday in each month, except August and September. Gentlemen wishing to present themselves should make application a fortnight previously.

The Examination for the Licence in Medicine consists of two parts:—

FIRST PART—Anatomy, Physiology, Practical Histology, Chemistry, and Materia Medica.

Examinations in these subjects are held quarterly—in January, April, July, and October—and are open to all Candidates of two years' standing who have so far complied with the Curriculum of the College.

SECOND PART—Practice of Medicine, Clinical Medicine, Pathology, Medical Jurisprudence, Hygiene, Midwifery, and Therapeutics.

Persons qualified as follows are required to undergo the Examination in the second part of the Professional Course only:—

- 1.—Candidates who have obtained by Examination one or more registrable qualifications, or a Degree in Medicine in a Foreign University recognised by the College.
- 2.—Candidates who, having completed the Curriculum required by the College, shall have passed the previous Examination or Examinations (where there are more than one) of any of the Licensing Corporations in the United Kingdom.

N.B.—Physicians or Surgeons possessing one or more registrable qualifications for a period of five years will be exempted from the written portion of the Examinations.

Fee for the Licence in Medicine, fifteen guineas, except in the case of Graduates both in Arts and in Medicine of any University in the United Kingdom, when the fee is five guineas. For the Licence in Midwifery, three guineas. Fee for both Licences, if taken at the same time, sixteen guineas. Fee for a Special Examination in Medicine, twenty guineas; for a Special Examination in Midwifery, five guineas.

Examinations for the MEMBERSHIP are held quarterly—in January, April, July, and October.

Licentiates in Medicine of the College who are twenty-five years of age, and of three years' standing, or (under certain conditions) of one year's standing, alone are eligible.

Fee, twenty guineas; but to Graduates in Arts and Medicine of any University in the United Kingdom, fifteen guineas.

Licentiates in Medicine enrolled before December 12th, 1878, may be admitted to the Membership without Fee or Examination.

Examinations for the CERTIFICATE in SANITARY SCIENCE are held quarterly—in January, April, July, and October. The Fee is five guineas to Licentiates in Medicine of the College. In the case of other Registered Medical Practitioners, the fee is ten guineas.

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The Classes for the Different Branches of Study will be opened as follows, and will meet Daily (Saturdays excepted) unless otherwise specified:—

MEDICINE.

Dean—PROFESSOR THOMAS R. FRASER, M.D.

<i>Practice of Physic</i>	Wed., Oct. 28 9	{ Prof. Grainger Stewart, M.D.
<i>Chemistry</i>	Wed., Oct. 28 10	{ Prof. Crum Brown, M.D.
<i>Surgery</i>	Wed., Oct. 28 10	{ Prof. Chiene, M.D.
<i>Institutes of Medicine or Physiology</i> ..	Wed., Oct. 28 11	{ Prof. Rutherford, M.D.
<i>Practical Physiology</i>	Wed., Oct. 28 9	{
<i>Midwifery and Diseases of Women and Children</i> ..	Wed., Oct. 28 11	{ Prof. Simpson, M.D.
<i>Clinical Surgery (Royal Infirmary, Monday & Thursday)</i>	Thu., Oct. 29 12	{ Prof. Annandale, M.D.

<i>Clinical Medicine (Royal Infirmary, Tuesday & Friday)</i>	Fri. Oct. 30 12 to 2	{ Prof. Grainger Stewart, T. R. Fraser, and Greenfield, and Prof. Simpson, on Diseases of Women.
<i>Anatomy</i>	Wed., Oct. 28 1	{ Prof. Turner, M.B.

<i>Practical Anatomy</i> ..	Thu., Oct. 1 Daily	{ Prof. Turner and Demonstrators
<i>Anatomical Demonstrations</i> ..	Wed., Oct. 28 4	{
<i>Materia Medica</i> ..	Wed., Oct. 28 2	{ Prof. Thomas R. Fraser, M.D.
<i>Practical Materia Medica (including Pharmacy)</i> ..	Wed., Oct. 28 10	{
<i>Practical Chemistry</i>	Tues., Jan. 5 2	{ Prof. Crum Brown.
<i>General Pathology</i> ..	Wed., Oct. 28 3	{ Prof. Greenfield, M.D.
<i>Practical Pathology</i>	Wed., Oct. 28 Daily	{
<i>Botany (Given in Summer Session)</i> ..	.. ..	{ Prof. Dickson, M.D.
<i>Medical Jurisprudence (Given in Summer Session)</i> ..	.. ..	{ Prof. MacLagan.
<i>Natural History</i> ..	Wed., Oct. 28 2	{ Prof. Ewart, M.D.
<i>Practical Natural History</i> ..	Wed., Oct. 28 11	{

Clinical Instruction on Diseases of Children at Royal Hospital for Sick Children—Lecturers: James Andrew, M.D., and James Carmichael, M.D., Royal Infirmary, at noon, daily.

The Classes in the Faculty of Medicine, except Botany, Natural History, Clinical Medicine, and Clinical Surgery, will meet in the University new Buildings.

The following means are afforded for Practical Instruction (Winter and Summer):—

Practical Anatomy, under the Superintendence of Prof. Turner.

Anatomical Demonstrations, by Prof. Turner and the Principal Demonstrator, David Hepburn, M.B., C.M.

Anatomical Museum, under the Superintendence of Prof. Turner.

Practical Chemistry, under the Superintendence of Prof. Crum Brown.

Practical Physiology, under the Superintendence of Prof. Rutherford.

UNIVERSITY OF EDINBURGH—continued.

Practical Materia Medica, including Pharmacy, under the Superintendence of Prof. Thomas R. Fraser.

Morbid Anatomy and Practical Pathology, under the Superintendence of Professor Greenfield.

Tutorial Class of Clinical Medicine, in the Royal Infirmary, under the Superintendence of the Clinical Professors.

Tutorial Class of Clinical Surgery, in the Infirmary, under the Superintendence of Prof. Annandale.

Obstetrical and Gynecological Operations, under the Superintendence of Prof. Simpson.

Chemical Laboratory, under the Superintendence of Prof. Crum Brown.

Medical Jurisprudence Laboratory, under the Superintendence of Prof. MacLagan.

Physiological Laboratory and Museum, under the Superintendence of Prof. Rutherford.

Pathological Laboratory, under the Superintendence of Prof. Greenfield.

Natural History Laboratory, under the Superintendence of Prof. Ewart.

Royal Botanic Garden, Herbarium, Museum, and Laboratory, under the Superintendence of Prof. Dickson.

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Practical Botany and Vegetable Histology,—by Prof. Dickson (Summer).

Practical Natural History,—by Prof. Ewart (Summer).

Operative Surgery and Surgical Appliances,—by Prof. Chiene (Summer).

Practical Materia Medica and Pharmacy,—by Prof. Thomas R. Fraser (Summer).

Classes will meet for the last time before the Christmas Holidays on Wednesday, December 23rd, and will re-assemble for the first time after the Christmas Holidays on Tuesday, January 5th.

The Classes in Medicine close on the 31st March, 1886.

Graduation Ceremonial in Medicine, Monday, 2nd August, 1886.

During the SUMMER SESSION, Lectures will be given on the following Subjects:—

Botany and Vegetable Histology,—by Prof. Dickson.

Medical Jurisprudence, for Students of Law and Medicine,—by Prof. MacLagan.

Clinical Medicine,—by Profs. Grainger Stewart, T. R. Fraser, and Greenfield, and by Prof. Simpson, on Diseases of Women.

Clinical Surgery,—by Prof. Annandale.

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Information relative to Matriculation and the Curricula of Study for Degrees, Examinations, &c., &c., may be obtained on application at the Secretary's Office; and full details are given in the University Calendar, published by James Thin, 55, South Bridge.

September, 1885.

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NOTICE TO CANDIDATES.—Examinations for the Licences in Medicine and Midwifery of the College are held in the week following the first Friday in each month, except August and September. Gentlemen wishing to present themselves should make application a fortnight previously.

The Examination for the Licence in Medicine consists of two parts:—

FIRST PART—Anatomy, Physiology, Practical Histology, Chemistry, and Materia Medica.

Examinations in these subjects are held quarterly—in January, April, July, and October—and are open to all Candidates of two years' standing who have so far complied with the Curriculum of the College.

SECOND PART—Practice of Medicine, Clinical Medicine, Pathology, Medical Jurisprudence, Hygiene, Midwifery, and Therapeutics.

Persons qualified as follows are required to undergo the Examination in the second part of the Professional Course only:—

- 1.—Candidates who have obtained by Examination one or more registrable qualifications, or a Degree in Medicine in a Foreign University recognised by the College.
- 2.—Candidates who, having completed the Curriculum required by the College, shall have passed the previous Examination or Examinations (where there are more than one) of any of the Licensing Corporations in the United Kingdom.

N.B.—Physicians or Surgeons possessing one or more registrable qualifications for a period of five years will be exempted from the written portion of the Examinations.

Fee for the Licence in Medicine, fifteen guineas, except in the case of Graduates both in Arts and in Medicine of any University in the United Kingdom, when the fee is five guineas. For the Licence in Midwifery, three guineas. Fee for both Licences, if taken at the same time, sixteen guineas. Fee for a Special Examination in Medicine, twenty guineas; for a Special Examination in Midwifery, five guineas.

Examinations for the MEMBERSHIP are held quarterly—in January, April, July, and October.

Licentiates in Medicine of the College who are twenty-five years of age, and of three years' standing, or (under certain conditions) of one year's standing, alone are eligible.

Fee, twenty guineas; but to Graduates in Arts and Medicine of any University in the United Kingdom, fifteen guineas.

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Examinations for the CERTIFICATE in SANITARY SCIENCE are held quarterly—in January, April, July, and October. The Fee is five guineas to Licentiates in Medicine of the College. In the case of other Registered Medical Practitioners, the fee is ten guineas.

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WINTER SESSION 1885-86.

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Full particulars may be obtained from the Honorary Secretary of the Medical School, Dr. J. Galley Blackley, who will attend at the Hospital on Mondays and Thursdays from 2.30 to 4.30 p.m. for the purpose of giving information to intending students.

By Order,
G. A. CROSS, Secretary.

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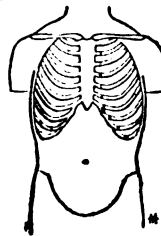
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TO OUR SUBSCRIBERS AND READERS.

WINTER SESSION, 1885-86.

WITH the commencement of the Winter Session this week we resume the weekly issue of the GAZETTE, and we have much pleasure in announcing that we have made arrangements for the introduction of some new features which will make the GAZETTE more interesting and valuable, both to the student and practitioner.

ORIGINAL PAPERS FOR STUDENTS.

In the first place we shall resume the publication of the extremely valuable papers (illustrated) by Dr. Cresswell Hewett, Dr. Armand Semple, and Dr. A. C. Maybury; also commence a series of papers written specially for students, entitled "Aids to Ophthalmology," by Dr. Fred. Pollock, of Glasgow.

THE OPERATING THEATRE.

Our readers will, we are sure, be gratified to hear that we have made arrangements for a special reporter to attend the chief Metropolitan hospitals on operating days to report particulars of the chief cases operated upon, and the surgical methods adopted by the various operators.

CLINICAL RECORDS.

We purpose also publishing on a more extended scale than hitherto clinical records illustrating new methods of treatment, and the use of new drugs and appliances by hospital physicians and surgeons, and in this department we beg the assistance of our friends attached to, or studying at, the various London and Provincial hospitals.

ENLARGEMENT OF THE "GAZETTE."

In order to carry out the new programme, we shall be obliged to permanently enlarge the GAZETTE from twelve to sixteen pages, and more as occasion demands, which will necessitate an increase in the price of single copies from one penny to two-pence. We have resolved, however, not to make any increase in the price to annual subscribers, feeling sure that we shall be more than repaid by the large increase in their number, which will most certainly follow these improvements. The annual subscription will, therefore, be six shillings, as at present, post free; but, unless paid in advance, postage will, in all cases, be charged extra.

We may say that, apart from any increase in the size of the GAZETTE, we should have been obliged to increase the price of single copies. Although our weekly sales have, during the past year, increased several hundreds, by the time publishing expenses and news agents' commission have been deducted, our net receipts have fallen short of what has been necessary to pay for the cost of printing. Our friends and supporters do not, we believe, wish us to carry on the GAZETTE at a loss, and will cheerfully submit to a small increase in price of single copies. Our best thanks are due to our local secretaries and contributors for their kind support during the past fourteen years, and we trust, with their generous help, to make the GAZETTE, during the coming session, more popular and useful than in any previous period of its history.

Contributions to our columns will be thankfully received by the Editor, care of Messrs. Baillière, Tindall, and Cox, 20, King William Street, Strand.

Notes by the Way.

I CAN assure you, Mr. Editor, I was quite sufficiently instructed in my duty to your readers on the great and solemn occasion of the commencement of another Winter Session, long before your communication came into my hands. But craving your editorial forgiveness, I don't know that I shall do my duty, as you understand it, and make this week's "Notes by the Way" an impressive "Introductory Address" to those now about to enter upon the practical study of the profession of medicine on the importance of the step they are taking; of the high and noble character of the profession they have chosen; of the grand future that is before them, &c., &c. They will get a full dose of this sort of talk from the various lecturers at their respective hospitals, and they would not feel gratified to me for repeating the dose.

WHILST declining to throw an introductory address at their heads, I give a cordial and hearty welcome to all new students, and feel proud to be permitted to make their acquaintance through the columns of the HOSPITAL GAZETTE, hoping that before long our acquaintance may even ripen into friendship, as I have no doubt whatever it will do in a large number of instances. One of the most satisfactory features of my connection with your staff, Mr. Editor, is the large addition to the circle of my friends it has enabled me to make. During the vacation a considerable portion of my holidays has been spent, and spent very happily too, with practitioners in the country whose acquaintance I made solely through my connection with the HOSPITAL GAZETTE. If I were to go to India, Australia, or Canada, I should meet with many friends whom I should never have known but for writing these "Notes by the Way." Not long ago I was much gratified by a visit from an Indian medical student, who assured me that for years he had been a constant reader of my "Notes," and he had always promised himself that if ever he visited England one of his first calls would be upon "Peripateticus." I hope some day to return the call.

ALTHOUGH I decline to give an Introductory Address, I should like to say a word or two by way of caution to the newly-entered student. First, the new regulations and the stricter examinations of the Colleges will not allow him to fool away the first eighteen months of his four years of study, as was the rule some years ago. To make sure of passing, the student must commence to work hard from the first day he enters the hospital, and so continue to the end of his curriculum. Second, disabuse your mind of the idea that the practice of medicine is the noble and pleasurable existence that fancy has painted it. As a rule, the life of a medical man is downright drudgery; he continually meets with the grossest ingratitude, and not unfrequently has tamely to submit to vile insults from those he has befriended. Thirdly, don't delude yourself into the belief the practice of medicine is a royal road to Fortune.

Doctors have always been underpaid, but now that the profession is over-stocked the pay is most inadequate. In many parts the fees accepted by first-rate men are disgracefully low, and it is not unlikely that even lower fees will be the rule as six-penny dispensaries become more general.

It is with extreme regret that I record the death of Mr. Edwin Canton, consulting surgeon to Charing Cross Hospital, under circumstances of a very painful character. Poor fellow! I don't think Fortune had smiled on him of late years, and I fear that many whom he had befriended in his more prosperous days had given him the cold shoulder, or even worse, done him all the injury they could. He was not the one to grumble or repine, and he was too high-minded to ask for favours where denial would probably await him, hence he was found stone dead on a seat at Hampstead Heath, on Saturday morning last, having taken an effective dose of prussic acid a few hours previously.

"Teddy" Canton, as he was called by his familiar friends, was a very jolly and good-hearted man, a very clever surgeon, and a capital lecturer—one of the old school. His lectures on Surgery, at Charing Cross Hospital, were a treat, always clear and to the point, and he used to illustrate his subjects by relating very humorous and racy stories which kept his class well amused and most attentive. As an operator he was quick, bold and steady. He would amputate a limb while most surgeons would be making up their minds where to begin the initial incision. He rarely lost his temper, but I saw him in a mild rage on one occasion, when going around the wards at Charing Cross Hospital. A woman was shown him who had been admitted the night before with strangulated hernia, and had been operated upon by his assistant. The assistant-surgeon was a very nervous individual, and trembled violently in making the incisions. On reaching the sac he was quite overcome, and after some feeble attempts to return the gut, closed the wound, and told the house-surgeon to take the patient back to bed, and see that a poultice was applied to the part. On examining the patient, Canton found the unreduced hernia was being very carefully poulticed. The feelings of such a surgeon as Canton, on seeing this unique treatment, may be easily imagined. He at once had the patient removed into the operating theatre, and in a "brace of two's," the wound was reopened, the constriction divided and the hernia reduced. Unfortunately the patient died from the peritonitis doubtless consequent on the delay.

By the recent death of Mr. John Gay, another well-known figure is removed from the metropolitan surgical world. Although not connected with any medical school, he was for many years a member of the Council of the Royal College of Surgeons. Formerly he was connected with the Royal Free Hospital, but had to cease his connection with that

institution after some eighteen years' service, through, as I am informed, some disagreement with Dr. Wakley, the editor of the *Lancet*. Later on, I believe, the tables were turned on Dr. Wakley, but the *Lancet*, curiously enough, in its obituary notice of Mr. Gay, does not refer to the circumstances, which were the occasion of great excitement at the time.

THE attempt of the Canadian authorities to enforce re-vaccination of adults in Montreal has ended in serious rioting, and it is feared that bloodshed will result unless the order is withdrawn. To make re-vaccination compulsory appears to me to be a gross interference with the liberty of the subject, even if the operation is the great protection against small-pox that it is supposed to be. Adults ought to be allowed to run which risk they think the least objectionable, small-pox or vaccination. With infants the case is different; they are unable to judge for themselves, and the State has to a certain extent the right to step in and order such measures as the most competent advisers consider necessary for the protection of infant life and health.

PERIPATETICUS.

Original Papers.

NOTES ON PATHOLOGY.

By CRESSWELL HEWETT, M.A., M.D., M.R.C.S.E., late Surgeon Army Med. Dept. and R.N., and Royal Hospitals, Netley, Winchester and Halifax, and Surgeon to H.R.H. the Duke of Connaught.

ARTICLE III.—NEMATOID WORMS.

I.—*ASCARUS LUMBRICOIDES*.

These entozoa are of an elongated cylindrical form, finely annulated and bisexual (dioec); the mouth is formed by three spheroidal papillae; the ova are spheroidal and surrounded by an albuminoid covering; they inhabit the intestines, where they are usually introduced by drinking water. Not finding outside the human body a medium favourable for their development, they may, after expulsion with faecal matters, remain several years undeveloped and unaltered. It is a common matter of observation to find them of endemic occurrence amongst communities who use the unfiltered water of small streams, they are especially prevalent with children. Whilst in the intestine accidents may arise by occlusion of gland ducts such as the ductus communis choledochus by the entrance of one of these parasites; they may even migrate into the oesophagus and ascend to the eustachian tube, frontal sinuses, or cause asphyxia, by blocking up the larynx. It is taught in Germany that they may perforate the intestines, but the probability is that when found in the peritoneal cavity after death, they have escaped by an orifice formed by some other cause; they have been found in abdominal tumors communicating with the intestine. Their presence in the gut generally causes but little disturbance; in other cases they provoke various troubles of innervation, such as abnormal sensations,

vertigo, epileptiform and hysterical convulsions; they may also cause dyspepsia, palpitation, cough, and

alteration of the features. The *ascaris mystax* has been found in the human subject.



FIG. 15 (C. Hewett).

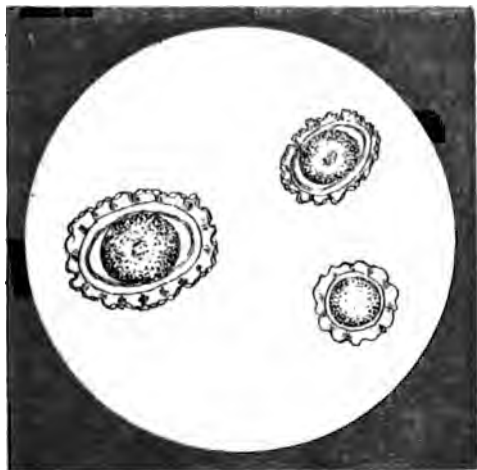
Male *ascaris lumbricoides*—normal size, opened in parts, (a) head, (b) caudal extremity—c.c., the intestines partly raised to demonstrate the folds of the genital tube floating in the abdominal

cavity, the testicle and its duct being inserted at d in an elongated seminal vesicle, which is gradually attenuated behind b. The caudal extremity magnified showing the double penis.



FIG. 16 (C. Hewett).

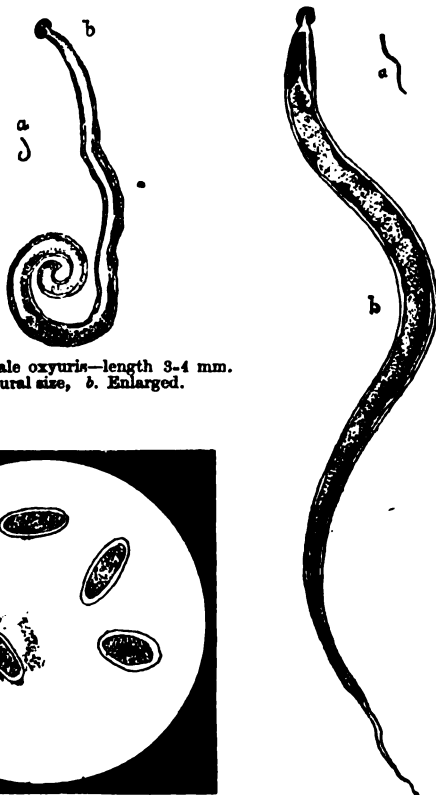
Female *ascaris lumbricoides*, natural size, opened in its whole length. a, head, with three valves; at the commencement of the oesophagus is seen a transverse cord, which is the oesophagean band; b, the caudal extremity; from a-b extends the straight gut, fixed anteriorly and posteriorly to the walls by transverse fibres, where the genital tube does not exist; d, d, two lateral lines, indicating the division of the muscular tissue into longitudinal bands; c, vaginal orifice, partially shown; e, e, ovary and duct, forming two tubes, twisting a number of times round the gut, and terminating in common tube or uterus.

FIG. 17.—Ova of *Ascaris Lumbricoides*.

II.—OXYURIS VERMICULARIS.

These small worms (Fig. 18, 19, 20) are found in the rectum, occasionally in the vagina, beneath the prepuce, and in the urethra. They occasion an inflammation of the mucous membrane, attended with a

muco-purulent secretion; and similar troubles of innervation as caused by the *ascaris*; and frequently lead to the establishment of the practice of onanism.

FIG. 18.—Male *oxyuris*—length 3-4 mm. a. Natural size, b. Enlarged.FIG. 20.—Ova of *Oxyuris* (C. Hewett).FIG. 19.—Female *oxyuris*—length 8-10 mm. a. Natural length, b. Enlarged.

(To be continued.)

AIDS TO OPHTHALMOLOGY.

By C. FRED. POLLOCK, M.D., F.R.C.S.E., Ophthalmic Surgeon, Anderson's College Dispensary, Glasgow. Formerly Assistant Physician, City of Glasgow Fever Hospital, Belvidere; Demonstrator of Histology, Glasgow University; Demonstrator of Pathological Histology, Glasgow Western Infirmary.

AIDS TO DIAGNOSIS.

1. *Oblique Illumination.*

Light from flame focussed on the eye from the side by means of convex lens. Used for inspecting cornea, iris, lens.

2. *Ophthalmoscope.*

Simple ophthalmoscope is a concave mirror, pierced with sight-hole in centre, and convex lens of two or three inch focal distance. Refraction ophthalmoscope has in addition a series of convex and concave lenses for use behind sight-hole.

It is employed in a dark room, with lamp or gas flame a little behind the side of patient's face.

(1.) Direct method; erect image, enlarged, is seen at back of eye.

Right eye; Patient, facing examiner at about two feet distance, looks to left side without turning head; lamp at patient's right side. Examiner with mirror in front of right eye throws light into pupil, which then appears red; and approaches gradually, till fundus is seen.

Left eye; patient looks to right side; lamp at patient's left side; examiner with mirror in front of left eye. Otherwise the same.

(2.) Indirect method; inverted image is seen in air in front of hand lens.

Patient, facing examiner at one to two feet distance, looks past examiner's right ear, (if right eye is being examined) or left ear (if left eye is being examined), without turning head. Lamp at either side. Examiner, with mirror in front of either eye, illuminates pupil, then interposes convex lens two or three inches in front of patient's eye, and sees fundus.

If disc is not seen, patient must move eye slightly, till red reflection from fundus becomes pale yellow. To examine periphery, patient's eye must be moved in different directions.

The refraction of the eye can be estimated with the refraction ophthalmoscope, used close to eye, by direct method. The accommodation of both patient and examiner must be completely relaxed. Concave lenses make the fundus clear in myopia, and convex lenses in hypermetropia, the number of the glass required giving the degree of error in refraction.

(3.) *Retinoscopy, (Keratotomy, Shadow Test.)*

Illuminate pupil with mirror at distance of three feet, move mirror slightly, round vertical or horizontal axis, and shadow is seen to pass across pupil.

The ophthalmoscope is employed in examining the lens, vitreous, choroid, retina, optic disc, and in estimating refraction; its use requires much practice; dilating the pupil with atropine facilitates examination.

3. *Test-types.*

Snellen's letters for distant vision. The number of the type indicates the greatest distance, at which normal eye can read it, e.g. No. xx. should be easily read at distance of 20 feet.

4. *Reading-types.*

Snellen's or Jaeger's types for near vision. The number indicates the distance at which the type should be readable.

5. *Astigmatic Fan (Snellen.)*

A semi-circle of radiating lines, all of which should be equally clearly seen by normal eye at distance of about 12 feet.

6. *Astigmatic Clock (Carter)*

This is a convenient form of clock face for testing astigmatism. It has three parallel transverse lines moving round central pivot as "Hand."

7. *Trial Lenses (Spectacles).*

The number of each lens indicates its focal length in inches, e.g. No. 3=3 inch focus, No. 6=6 inch focus, etc. Or it indicates the focal length on the metrical system. In the latter case the unit of comparison is a lens with focal length of one metre (say 40 inches); this is 1 Dioptre (D, Dioptric). Then $2D = \frac{1}{2}$ metre = 20 inches, $3D = \frac{1}{3}$ metre = 13 inches, etc. The lenses required in complete set are pairs of spherical (segment of sphere), concave (—) and convex (+), from .25 D to 20 D, and cylindrical (segment of cylinder), concave and convex, from .25 D to 6 D.

A spectacle-frame holds lenses in testing. A disc of opaque material, with slit one millimetre wide across centre, is used in testing astigmatism; a disc of red glass for testing diplopia; and a disc of ground glass for strabismus.

8. *Perimeter.*

A crescentic band with movable mark, for measuring the field of vision, and discovering blind-spots (Scotomata). The periphery of the field may be roughly measured thus; patient opposite examiner at distance of two or three feet, looks steadily at face of latter; examiner moves his hands outward from point opposite face in all directions, till lost sight of.

9. *Coloured Wools (Holmgren's).*

Several shades of each of the following are required:—green, grey, drab, yellow, rose, salmon, purple, blue, violet, red, brown.

10. *Delicate Magnetic Needle, suspended.*

Dipping of needle indicates presence of fragment of steel or iron in eyeball after injury.

LOCAL REMEDIES.

Calomel,—dusted on conjunctiva with brush.

Mitigated nitrate of silver;—silver nitrate and potash nitrate fused together, in proportions of 1 to 2, 1 to 3, or 1 to 4.

Sulphate of copper crystal,—for rubbing on palpebral conjunctiva.

Lapis Divinus; sulphate of copper, alum, and nitrate of potash equal parts, camphor $\frac{1}{100}$ part of whole fused together.

Tannin grains 20, in glycerine or syrup 1 oz.

Solutions (in water 1 oz.):—Stimulant, for dropping into eye, or brushing on conjunctiva, after bathing eye with warm water.

- | | |
|---------------------------|----------------------------------|
| 1. Nitrate of silver | grains 2 to 10 |
| 2. Sulphate of zinc | " 2 |
| 3. Chloride of zinc | " 2 |
| 4. Alum | " 2 to 10 |
| 5. Perchloride of mercury | " $\frac{1}{2}$ to $\frac{1}{4}$ |
| 6. Borax | " 10 |

Antiseptic lotions:—

- | | |
|-------------------|----------|
| 1. Boracic acid | grains 4 |
| 2. Salicylic acid | " 2 |
| 3. Carbolic acid | " 2 |

Alkaline lotion;

Bicarbonate of soda grains 10

To dilate pupil;

- | | |
|-------------------------------|--------------------------------|
| 1. Sulphate of atropia | grains $\frac{1}{2}$, 2, or 4 |
| 2. " duboisia | " 4 |
| 3. " daturia | " 4 |
| 4. Hydrobromate of homatropia | " 4 |

To contract pupil;

- | | |
|---------------------------------|---------------|
| 1. Sulphate of eserine | grains 2 or 4 |
| 2. Hydrochlorate of pilocarpine | " 4 |

Local anæsthetic;

Hydrochlorate of cocaine } " 10 to 20

Savory and Moore's gelatine discs for atropine, eserine, and cocaine.

Fomentation;

Belladonna extract 3ii, water 1 pint.

Ointments (in vaseline 1 oz.):—

Stimulant;

- | | | |
|----------------------------|----------------|---------------------|
| 1. Yellow oxide of mercury | grains 5 to 20 | } (Yellow ointment) |
| 2. Red " " | " 10 to 20 | |

Antiseptic;

Iodoform " 10

To dilate pupil;

Sulphate of atropia " 2 to 10
(To be continued.)

MATRICULATION CHEMISTRY.

By A. C. MAYBURY, D.Sc.Lond., M.R.C.S., &c.

(Continued from page 3.)

XXXIX.—PENTATHIONIC ACID, $\text{H}_2\text{S}_2\text{O}_6$.

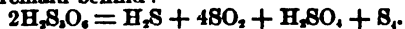
Molecular weight = 258.

226. *Preparation*.—When a current of sulphuretted hydrogen is passed through an aqueous solution of sulphur dioxide, water, sulphur and pentathionic acid result:—



The milky filtrate is then digested with copper till it becomes clear. The solution is again filtered, the dissolved copper precipitated by sulphuretted hydrogen, and the excess of the latter is expelled by heat. The clear solution is then concentrated till it has a sp. gr. of 1.3. Attempts to further concentrate the acid bring about its decomposition.

227. *Properties*.—Pentathionic acid is a colourless, inodorous liquid. If heated, sulphuretted hydrogen and sulphur dioxide are evolved, while sulphuric acid and sulphur remain behind:—



It is not decomposed in the cold by sulphuretted hydrogen, dilute hydrochloric or sulphuric acid. By nitric

acid, hypochlorous acid or chlorine it is oxidized to sulphuric acid.

228. *Pentathionates*.—Both pentathionic acid and its salts—the pentathionates—are very unstable, an atom of sulphur being loosely retained in the compound so that tetrathionic and sometimes trithionic acids are produced as the result of decomposition. In presence of a powerful base a sulphide of the metal is formed and a tetrathionate.

229. *Test*.—Pentathionates are characterised by producing a brown precipitate, which gradually darkens, on the addition of an ammoniacal solution of silver nitrate, from the formation of the sulphide. None of the other polythionic salts give a precipitate with the above reagent.

230. *Natural relations of the sulphur group*.—Sulphur, selenium, and tellurium form a well-defined group.

(a.) In properties they are gradational, selenium being between sulphur and tellurium, which latter has many of the properties of a metal. The metallic character in these elements becomes more marked as the atomic weight increases. The atomic weight of selenium is nearly a mean between that of sulphur and tellurium. Thus:—

$$\frac{32 + 129}{2} = 80.5$$

The halogens are similarly related (§ 87). A comparison of the specific gravities, and the melting and boiling points of these elements will show a similar gradation.

(b.) The corresponding compounds of sulphur, selenium and tellurium are isomorphous, and are capable of replacing one another, *ex gr.*, some of the selenium in Clausenthalite is often replaced by an equivalent quantity of sulphur.

(c.) Oxygen, though a gas, has many points of resemblance with the members of this group, and to many sulphides, selenides and tellurides, there are corresponding oxides. Thus:— H_2O , H_2S , H_2Se , H_2Te , &c., are corresponding compounds.

The following table shows the analogy between the principal compounds of sulphur, selenium, and tellurium:

H_2S	...	H_2Se	...	H_2Te
Hydrogen sulphide.	...	Hydrogen selenide.	...	Hydrogen telluride.
SO_2	...	SeO_2	...	TeO_2
Sulphur dioxide.	...	Selenium dioxide.	...	Tellurium dioxide.
H_2SO_3	...	H_2SeO_3	...	H_2TeO_3
Sulphurous acid.	...	Selenious acid.	...	Tellurous acid.
SO_3	...	$[\text{SeO}_3]$	...	\text{TeO_3
Sulphur trioxide.	...	Selenium trioxide.	...	Tellurium trioxide.
H_2SO_4	...	H_2SeO_4	...	H_2TeO_4
Sulphuric acid.	...	Selenic acid.	...	Telluric acid.

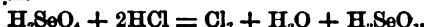
231. **SELENIUM**.—($\text{Se} = 79.6^*$) is a rare element, and is chiefly of interest on account of its analogy with sulphur. It was discovered by Berzelius in 1817, in the sulphuric acid manufactured at Gripsholm, in Sweden. This acid is made from an iron pyrites of Fahlun, and deposits a red matter thought to be tellurium, but subsequently found to be a distinct element to which its discoverer gave the name of *selenium*, from *σέληνη*, the moon. It occurs free in monoclinic crystals in Mexico, and as an impurity in native sulphur, and also in combination with metals as lead, silver, nickel, copper, and mercury. It is best prepared from selenious acid by the action of sulphur dioxide in solution. Sulphuric acid is formed, and selenium is thrown down as a red powder. The selenious acid is obtained from Clausenthalite (PbSe) by a succession of processes:



Selenium, like sulphur, affords a good example of allotropism. The different forms may be classified as (1) *amorphous* and (2) *crystalline* or as those (1) *soluble* and those (2) *insoluble* in carbon disulphide. 1. *Amorphous*: The red powder, as above obtained, is *electro-positive* and is *insoluble* in carbon disulphide. Selenium obtained by electrolysis or by exposing selenetted hydrogen to the

*Sodium amalgam is a compound of sodium and mercury: it decomposes water, the mercury serving to moderate the action of the sodium.

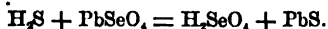
air is *electro-negative* and *soluble* in carbon disulphide. Both varieties begin to fuse at 100°C , and on cooling remain *plastic* for some time, like melted sealing wax. When selenium is fused and rapidly cooled it solidifies to a dark brown brittle, glassy amorphous mass. This is *vitreous selenium*. Its sp. gr. is 4.3. It is slightly soluble in carbon disulphide. 2. *Crystalline*: (a) Selenium is deposited from solution in carbon disulphide in the form of dark red *monoclinic* (singly oblique) prisms resembling those of sulphur obtained from the fused mass. They have a sp. gr. of 4.5. (b) *Vitreous selenium* is unaffected when heated to 90°C . for several hours, but when the temperature has reached 97°C . it is quickly converted into the crystalline state, becomes bluish grey, and acquires a metallic lustre. This change of state is accompanied by the evolution of much heat. This *metallic selenium* is *insoluble* in carbon disulphide, and has a sp. gr. of 4.5. It gradually softens when heated, but does not become completely fluid till heated above 250°C . (Regnault). This variety of selenium conducts electricity better than the vitreous modification. (c) If a concentrated solution of selenide of potassium, sodium, or ammonium is exposed to the air, selenium is deposited in minute crystals. It differs from the last only in its sp. gr., which is 4.8.* When selenium is heated in the air, or thrown on red-hot charcoal, an odour of horse-radish is evolved, due to the formation, according to Berzelius, of an unknown oxide. Selenium is *insoluble in water*, and forms two oxides—viz., *selenium dioxide* (SeO_2) and *selenium trioxide* (SeO_3), which has not been isolated. *Selenium dioxide* (SeO_2), in contact with water, becomes *selenious acid* (H_2SeO_3). It may be prepared by (a) burning selenium in oxygen, or oxidizing it by strong nitric acid, or (b) from selenic acid, by boiling it with hydrochloric acid; chlorine is evolved, and water and selenious acid remain behind:—



Selenium dioxide is a white mass, forming, when dissolved in water, an acid solution. Sulphurous acid decomposes it, as does sulphuretted hydrogen. In the latter case, selenium disulphide, as a yellow precipitate, and water are formed:—



Selenium disulphide forms sulphur salts called *sulphoselenites*. A solution of *selenious acid*, when exposed to the air, takes up organic matter, and selenium is deposited. Hence this acid may be told from *sulphurous acid*, which gradually absorbs oxygen, becoming *sulphuric acid*. *Selenic acid* (H_2SeO_4).—This may be prepared by fusing together selenium or selenium dioxide with nitre. On adding lead nitrate to the solution we get insoluble lead selenate, which may be decomposed by passing sulphuretted hydrogen through the salt suspended in water. The selenic acid remains in solution while lead sulphide is precipitated:



Selenic acid forms, with metals, *selenates*, which are undistinguishable from, and isomorphous with, sulphates. Barium selenate is insoluble, like barium sulphate, in water. On being boiled with hydrochloric acid chlorine is given off from the selenate, selenious acid and barium chloride being produced. By this reaction the two salts can be distinguished:



Hydrogen selenide (H_2Se), *selenetted hydrogen* or *hydroselenic acid* is the analogue of hydrogen sulphide. It may be prepared (a) by the action of sulphuric acid on ferrous selenide, or (b) by passing hydrogen and selenium vapor

through a red hot tube. It is a colourless, transparent, inflammable gas, with an odour more offensive than that of sulphuretted hydrogen. It is irrespirable, irritant, and impairs the sense of smell for some hours on exposure to it. It burns in air, forming water and selenious dioxide, and depositing selenium. It is more soluble in water than the corresponding sulphur compound, and the solution has an acid reaction. The solution slowly deposits selenium on exposure to air. It precipitates many metals in the form of selenides. No hydrogen selenide corresponding to hydrogen persulphide has been obtained.

232. **TELLURIUM*** ($\text{Te}=128\frac{1}{2}$) is an extremely rare divalent element found chiefly in Hungary and Transylvania, in combination with gold, silver, lead, copper, and bismuth. It was first recognized as a distinct element by Klaproth in 1798, though discovered in 1782. It occurs native in rhombohedra being isomorphous with arsenic, bismuth and antimony. It is more basylous than selenium to which it is closely allied, and is more metallic in character. It is a tin-white metallic-looking solid. Its sp. gr. is 6.2. It is brittle, and easily pulverized. It conducts electricity, whereas sulphur and the ordinary kind of selenium do not. It melts at about 500°C , and at a higher temperature, volatilizes with a greenish vapour. It can be precipitated from solution by zinc, like a weak metal. It forms with sulphur the compounds TeS_2 and TeS_3 . The latter is isomorphous with tersulphide of antimony (Sb_2S_3). The above properties, together with the fact that telluric acid does not form with diatomic metals, tellurates with seven molecules of water of crystallization, and does not form alums, tend in some degree to remove this element from the sulphur group, and ally it with antimony. *Tellurium Dioxide* (TeO_2).—Tellurium when heated, burns with a blue flame, producing the dioxide. If the element is dissolved in nitric acid, and the solution evaporated to dryness, we obtain the dioxide. With water it forms *tellurous acid* (H_2TeO_3). With metals it forms salts, called *tellurites*, corresponding to *selenites* and *sulphites*. Tellurous acid is decomposed by sulphuretted hydrogen in acid solutions, forming tellurium disulphide (TeS_2), which is precipitated. Sulphurous acid acts on it as on selenious acid. *Telluric acid* (H_2TeO_4) may be prepared by fusing together tellurium or the dioxide with nitre, acting upon the alkaline tellurate dissolved out from the fused mass with water, precipitating the insoluble barium tellurate by barium chloride, and adding sulphuric acid. Barium sulphate is precipitated, while telluric acid remains in solution. Barium tellurate, though insoluble in water, is *soluble in nitric acid*, and tellurium is thus separated from selenium. Telluric acid crystallizes with 2 molecules of water $\text{H}_2\text{TeO}_4 \cdot 2\text{H}_2\text{O}$. The *trioxide* (TeO_3) is got by heating the acid. It is a yellow solid, insoluble in water and in strong acids. Potash dissolves it with difficulty. It is decomposed into oxygen and the dioxide when strongly heated. *Telluretted hydrogen* (H_2Te) is a gas closely resembling sulphuretted hydrogen, and obtained in a similar manner.

(To be continued.)

A LIFE-SAVING INVENTION.

ON Saturday last we had the pleasure of witnessing some experiments which were conducted on the Thames, opposite the Palace of Westminster, to test the merits of a new material called "Cork Cloth," or "Floating Fabric," which has been invented by Mr. W. Jackson, manager of the Outfitting Department of the Army and Navy Stores, Westminster.

* Tellurium may be got from *tetradymite* (*telluric bismuth*) by heating to a full white heat in a covered crucible the ore with potassium carbonate, the whole being made up into a paste with oil. When cold, the fused mass is treated with boiling water: a port-wine coloured solution is obtained: by passing a current of air through this or by mere exposure to air, tellurium is deposited in lustrous scales.

+ 128 (Stas).

* The student should carefully compare the modifications of sulphur and selenium, as regards specific gravity, solubility, and crystalline form.

+ According to H. Rose, the precipitate is a mixture of sulphur and selenium:—



The fabric consists of cork, specially prepared, and cut in long strips almost as fine as whip-cord by a very ingenious process, which has been devised and perfected by Messrs. Rowley and Brook, of the Royal Hat Works, Middle Street, Aldersgate Street, E.C., and interwoven with all kinds of material—wool, silk, or cotton, forming fabrics suitable for the wearing apparel of man, woman, or child. A person wearing a coat or jacket of this material would, if precipitated into the water, float on the surface, and would only require to keep the mouth free of water to remain floating for an almost indefinite period. This was practically shown in the experiments on Saturday last, which were witnessed by the Lord Mayor, many distinguished officers of the army and navy, and representatives of the press. Several young men, most of whom we ascertained were unable to swim, wearing coats, &c., made of the floating fabric, jumped from boats into the river, and remained floating passively on its surface for about half an hour, and were then assisted into the boats again, apparently none the worse for the immersion. The experiments were in every respect highly successful.

Few words are necessary in praise of the invention; its merits are obvious, and it would be no exaggeration to say that hundreds of lives would be saved annually were the wearing of apparel made of this material generally adopted by seafaring persons and those who, for business or pleasure, spend much time on the water.

It might also be used by persons in learning to swim. A vest made of the material, with a loose collar containing a larger proportion of cork, would be a most valuable aid to those who find difficulty in acquiring the art of swimming. We congratulate Mr. Jackson on his invention, and hope he will be better rewarded than the majority of public benefactors.

NOTICES.

In to-day's issue we commence a Series of Papers written specially for Students, entitled "Aids to Ophthalmology," by Dr. C. Fred. Pollock, Ophthalmic Surgeon to the Anderson's College Dispensary, Glasgow. We also recommence the Series of Papers by Dr. Maybury, Entitled "Matriculation Chemistry," and hope to continue them throughout the Winter Session.

In consequence of the Opening of the Medical Schools taking place so late in the week, we are unable to refer to the Introductory Addresses until our next issue.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, OCTOBER 3, 1885.

EDITORIAL AND PERSONAL.

DR. PARRISH, the eminent American apostle of temperance, having visited this country with a view to inspecting the working arrangements of the Homes founded here for the treatment of confirmed inebriates, the occasion was seized to offer him a general welcome from the prominent temperance organisations in Great Britain. To this end, the President and Council of the Society for the Study and Cure of Inebriety issued a large number of invitations to the Dalrymple Home at Rickmansworth, and on Saturday, the 19th inst., a special train conveyed the party to the Home, where, after lunch, a meeting was held in the new Concert Hall. The

chair was taken by Dr. Norman Kerr, who, in an eloquent speech, welcomed Dr. Parrish to England. Among the subsequent speakers were Dr. Langdon Down, Dr. Danford Thomas, Mrs. Lucas, and the Rev. Mr. Murphy. Dr. Parrish replied shortly, and expressed himself as greatly delighted with the reception he had met with, and with the arrangements he had found for reclaiming the victims of inebriety. One anecdote he gave utterance to is much too good to be lost, showing, as it does, the inestimable opinion the true American has of his own reflected greatness. Dr. Parrish, commenting on the relative proportions of his own and our countries, said that a citizen of the States once summed up the difference thus: "You might tack England on to one of the United States, and the increase in size of the latter would be quite inappreciable; and Ireland might be dropped into the middle of one of our great lakes without raising the water an inch in height; while as for Scotland, it might be hidden away in one of the Mammoth Caves of Kentucky, and its presence would only be revealed by the smell of the whisky."

We deeply regret that we have to announce the death of Mr. Edward Canton, which occurred on Friday last, under circumstances of the most melancholy description. The body of the deceased surgeon was found about half-past eight o'clock on Friday evening, lying motionless beside one of the seats on Hampstead Heath, and beside it were discovered a small glass and a bottle, the contents of which had evidently been hydrocyanic acid. Mr. Canton was, at the time of his death, consulting surgeon at Charing Cross Hospital, with which institution he had long been honourably connected, and to advance whose interests he always used his best endeavours. He held several important appointments, and among them that of a surgeon to the British Museum, while his contributions to surgical literature have been both numerous and valuable. An inquest was held on the remains on Monday last, when a verdict in accordance with the evidence was returned.

MR. HENRY S. WELLCOME, the well known American scientific chemist, now residing in London, had a very narrow escape on the Thames a few days since. Mr. Wellcome was canoeing Miss Wakeman, the American authoress, up the river, and while in Boulter's Lock the floodgates were opened rather suddenly, causing a huge volume of water to bound up directly against one side of the light bark canoe, capsizing it instantly. So strong was the force that nothing could have prevented the catastrophe, and Miss Wakeman was sucked down immediately, with the canoe over her. Seeing her peril, Mr. Wellcome dived as the canoe overturned, so as to carry him as near as possible to the lady, but the powerful current caused him to miss her, and obliged him to make a second plunge, when he succeeded in getting a firm grasp of her waist. He brought her up to the surface only to be sucked under again; but once more by desperate efforts he gained the surface, caught hold of a long pole thrust down by the lock-keeper, and safely landed his charge. The rescue would have been

impossible had Miss Wakeman not shown the greatest pluck and presence of mind, refraining from struggling or clutching her preserver. This accident can in no way be attributed to recklessness or unskilled daring, as Mr. Wellcome is reckoned among the best canoeists, having recently completed a voyage in his canoe from Oxford to London against severe winds, without a single mishap. The fortunate termination to the mishap is hailed on all sides with satisfaction, for Mr. Wellcome is a general favourite both in professional and general social circles.

THE *Midland Medical Miscellany* for October contains a portrait of Dr. Charles Clay, of Manchester, who is recognized throughout the surgical world as the father of ovariectomy, which operation he first performed in 1842. Dr. Clay is now in his eighty-fourth year.

NEXT week will be published a new work on the Diseases of Sedentary and Advanced Life, by our valued contributor, Dr. J. Milner Fothergill, Physician to the Victoria Park Hospital for Diseases of the Chest. The work will direct attention to an important class of cases which are too often overlooked.

IN correction of a previous notice, it is notified that an examination for sixteen appointments as Surgeon in Her Majesty's Indian Medical Service will be held in London, in February, 1886. The exact date of the examination will be announced hereafter.

THE *London Gazette* officially announces that the Queen has been pleased to appoint Douglas Argyll Robertson, Esq., M.D., Fellow of the Royal College of Surgeons, Edinburgh, to be Surgeon-Oculist in Ordinary to Her Majesty for Scotland, in the room of William Walker, Esq., deceased.

ANOTHER SESSION.

By the time this reaches the hands of our readers another session will have been inaugurated, and the ranks of medical students will once again have been recruited by the accession of a goodly number of young men bent on pursuing the practice of our profession as the labour of their life. To all of these aspirants for success, the future probably presents a picture more or less rose-coloured, according as the imagination is more or less encouraged to fill in the details that go to make it an alluring study for enthusiastic youth; but probably not one of those who are about to enter their names on the *Students' Register* has ever thought that anything short of the bare accomplishment of his hopes and desires can result from the all important step which settles his lot in life. We have no wish to spoil such happy expectations, but we cannot refrain from warning the new friends that the first of October has brought to us, that the path which they have now essayed to tread is one presenting difficulties to be encountered, as well as pleasures to be enjoyed. That the study of medicine can give to him who pursues it with an

earnest intention of becoming a skilled observer and a scientific physician, such keen delight, such a glorious sense of power, such a grand consciousness of dominion over the forces of ill as can be experienced by the followers of no other profession, it is impossible to deny. But at the same time it ought to be as fully understood, that he who would attain to this position must proceed to it toilsomely and progressively, spending his novitiate in laborious effort to acquire not merely the knowledge of facts revealed to him in the dissecting room, the post mortem theatre, and at the bedside, but as well as and beyond all this, a deeper and subtler power of intuition respecting disease, by the possession of which the greater figures in the history of medicine have been distinguished above their fellows. Such power, however, notwithstanding that it is after all a personal quality, will never help a man who has not built a sure foundation for its exercise, by obtaining an intimate familiarity with the "solid ground of nature," with the anatomical framework of the body that is by and bye to become the subject of his ministrations; and at the same time, also, with those normal processes of the living organism, the collective study of which constitutes the science of physiology.

During the first few months of his new existence as an habitué of hospitals, the medical student is a little prone to neglect the principal claims upon his time and attention, and to forego the studies which in later years he will discover to be so essential to his progress in the art of physic. As a rule, however, this neglect is at the present day infinitely less in degree than used to be the case; but still we must continue to urge the old plea for more exact studies during the first few months of student life, if a full amount of benefit is to flow from the influence they undoubtedly exert on subsequent professional progress. With these few words of sermonizing we extend a hearty and sincere welcome to all new students who are now commencing the study of medicine.

THE STUDY OF MEDICAL HISTORY.*

BY ERNEST J. GAMGEE,
Of the Birmingham School.

"Il importe beaucoup de connaître l'histoire de la science à laquelle on s'attache."—*Boerhaave*.
DURING a perusal of the works of Thomas Kirkland—a great, but much neglected, master of our art—I was struck with the philosophy and soundness of his teaching, and how worthy the attention of all who wish to excel in wound-treatment and wound-healing. In his great work entitled "Medical Surgery," published nearly a century ago, he first grasped the great truth of the unity of medicine and surgery—a truth upon which rests much of the modern progress of the science of medicine. During that great and rapid progress, Kirkland has become almost forgotten; his name is strange to most members of that profession of which he was so illustrious a member, and with the history of which it will ever be indelibly associated. So it is with the lives and writings of many more of the fathers of medicine; and so it will continue to be until the importance of Medical History is more fully recognised, and its study (if, indeed, not made compulsory) more largely encouraged, and placed within the easy reach of all students. It is of the utmost importance that the

* This title was suggested by a leader in the *British Medical Journal*, 7th January, 1883.

methods which lead to success, and not the mere results of a man's labour, shall be studied; for thereby the spirit of scientific research shall be most surely kindled, and the advancement of medicine most certainly ensured. We want to be informed what influence the man or the discovery had on his or its epoch? What influence on after times? What influence it now exerts? We want to know why those men who rank as famous in our profession, past and present, do so? What methods of research they pursued? What right they have to their titles? And lastly, but not least, we would strive to discover the pitfalls and errors into which they fell. I repeat, we want to discover the blunders of our distinguished men, past and present; for, by the observance and remembrance of error in the past, error in the future shall be most surely avoided. Do we not, in our lives, daily acknowledge the truth of this? for how often do we not say, "That mistake shall be a lesson to me in the future"?

At the bottom of the wildest and most absurd superstitions of the ancients, there rested, in many instances, a great truth, a truth which was indeed the original basis of the superstition, but which became hidden in the mystic paraphernalia. Then, it might be after long years of inactivity, some man, intellectually in advance of his fellows, would recognize the concealed nucleus of truth, would tear from it its mysterious surroundings, and finally reveal it to the eye universal in its true and untrammelled form. Healing by the first intention was, as pointed out by Dr. Paris, in his "Pharmacologia," the great truth which underlay the cure effected by use of the sympathetic powder of Sir Kenelm Digby. The directions for the use of this powder were elaborate; whenever a wound was inflicted, the instrument used was to be carefully cleaned, sprinkled with the powder, and furthermore to be anointed with the ointment two or three times daily. All so far was of course the useless paraphernalia of superstition. But now comes the nucleus of truth, the secret of success. The edges of the wound itself were to be brought closely together, carefully and firmly bound with clean linen rags, but above all not to be touched for seven days, at the end of which time the process of repair would generally be found completed. Thus we find that two centuries ago primary union was recognized and practised, and that directions for the use of this superstitious remedy enjoined the three established essentials of healing by first intention, position, pressure, rest. And this is by no means a solitary instance of a great truth having been known for centuries, but which is often received as one of the advances of modern medicine. To Ambroise Paré (1517—1590), the first of the long line of great French surgeons, is generally, but erroneously, credited the discovery of the ligature. Almost before the dawn of the Christian era, Celsus, then living in Rome during the reign of Augustus, had shown his knowledge of the usefulness of the ligature in the following remarkable passage.

"Quod si illa quoque profusio vincuntur, venæ, quæ sanguinem fundunt, apprehendendæ, circaque id, quod lectum est, duobus locis deligandæ interdendæque sunt, utet in se ipso coeant, et nihil omnino ora proclusa habeant (Lib. 5, Cap. 26.)

Galen, 200 years later, also mentions the ligature, and gave proof of an advanced knowledge in his reference to the power of torsion. The methods of arresting hæmorrhage now employed are compression, ligature, cautery and torsion, to which must be added styptics. When it is known that all these methods were practised more or less before the third century, surely the importance of Medical History will be acknowledged. Friction, fomentations, baths, poultices, vesications, the abstraction of blood by venesection, cupping, leeching, arteriotomy, the use of enemata, vomits, purges, diuretics, tonics, narcotics, and stimulants were nearly all, if not all known to and mentioned by Hippocrates. The operations of lithotomy, removal of cataract and nasal polypi, tracheotomy, extraction of teeth, and treatment of aneurism by ligature and compression, were all performed during the first five centuries of the present era. The sling, the splint, the bandage, the cord and pulley for the reduction of dislocations, the applications of sutures, of stimulants to indolent sores, the setting of fractures, the administration of such valuable medicines as opium, henbane, hemlock, galbanum, gentian, sulphur, copper, mercury, lead, iron, castor oil, bismuth, colocynth and squill, have all been practised for over 1,000 years.

Let us take another instance which tends to prove, if indeed any proof be necessary, the great importance of this subject.

The world is accustomed to speak of Harvey as the discoverer of the circulation of the blood. Nor, indeed, is it altogether wrong in so doing, neither can it be said to be altogether right. Harvey indeed only completed the discovery, forged the last link in the long chain of evidence, and was enabled to prove the circulation of the blood beyond a doubt. But it had required a Galen to first point out the difference between venous and arterial blood; a Columbus and a Servetus, to respectively discover an arterial current and a pulmonary circuit, a Fabrizio to point out the use of the valves in the veins, a Cæsalpinus to demonstrate that, on pressure, an artery fills above and a vein below, but it did indeed finally require a Harvey to unite into one symmetrical and indissoluble whole, all these hitherto disconnected facts, to learn the great lessons they taught, to discover the truth to which they individually and collectively pointed, and finally to reveal it to the world. These few facts of the history of the discovery of the circulation of the blood bring to our minds the subject of vivisection, seeing that to its practice Harvey owed so much. Scientific men are never more bitterly and groundlessly attacked than upon this subject, the anti-vivisectionists compensating for a want of argument by excess of venom and inane sentimentality. But no matter how weak and foolish their arguments, they are a powerful body, ever working to crush the spirit of independent physiological and medical research, alleging as they do that vivisection has played no important part in the advance of modern medicine. The answer to be given them, an answer which they cannot by any means refute, lies written on the pages of the History of Medicine, for therein are chronicled the triumphs of our art, brought about in so many instances through experiments on living animals.

In this short paper an effort has been made to call attention to a subject, which all must look on as worthy of consideration, and with the views therein expressed perhaps some will agree. This is an age of book-making. As in France during the years immediately preceding the revolution, the once modest stream of literature, flowing so calmly to the close of last century, has now burst forth into a fierce and uncontrollable flood, to which the Medical profession have contributed in no small degree. But at the present time there are amidst the throng of advertisers, plagiarists and "crammers," many earnest and truth-loving writers at work, and to these one and all, famous and obscure, a tribute of respect is offered. We have cause to admire the great spirit of enterprise even though it has called into existence so many unprofitable works. Our regret should be that so much of this valuable energy should be thus wasted, and we should welcome with joy any plan which will turn this misdirected labour to better account. In the introduction of Medical History into our course of study we believe such a plan offers itself. In this study a grand field is open, where any number of minds can be employed with honour and profit. The steady plodder would there find ample employment, the child of genius could labour at his side, for where can genius be more fittingly employed than midst the vast problems of history. The History of Medicine may be conceived as the pictured life of one single, mighty, immortal Æsculapius embracing in his career all medical men of all times, yet typified in miniature in every living member of the body. Thus it may be said that the study of Medical History by a medical man is nothing more on his part than an effort to fulfil the golden precept "Man, know thyself." It is of course impossible for any one of us to acquire an accurate knowledge of the history from its birth of a science so ancient and so vast as medicine, but he who approaches that knowledge the nearest shall be greatest in his own time, and shall dissolve least in the future.

Medical News.

VACANCIES.—The following vacancies are announced:—Bedford General Infirmary. Surgeon. Applications by October 8th.—City of London Hospital for Diseases of the Chest, Victoria Park, E. Resident Clinical Assistant. Applications by October 8th.—Hospital for Consumption and Diseases of the Chest, Brompton. Resident Clinical Assistant. Applications by October 17th.—Owen's College, Manchester. Professor of Physiology. Applications by November 9th.—St. Mary's Hospital. Physician-Accoucheur. Applications by

October 12th.—Stockton Union. Medical Officer and Public Vaccinator. Applications by October 17th.—Taunton and Somerset Hospital. Honorary Physician. Applications by October 14th.—Worcester Amalgamated Friendly Societies' Medical Association. Assistant Medical Officer. Salary, £130 per annum. Applications by October 5th.

APPOINTMENTS.—C. E. Purslow, M.B.Lond., M.R.C.S.Eng., Resident Obstetric and Ophthalmic House-Surgeon to the Queen's Hospital, Birmingham.

University, College, and Hospital Intelligence.

UNIVERSITY OF DURHAM.

FACULTY OF MEDICINE.—EXAMINATION FOR DEGREES IN MEDICINE AND SURGERY, AT THE COLLEGE OF MEDICINE, NEWCASTLE-UPON-TYNE, SEPTEMBER, 1885.—The following satisfied the Examiners in the *First Examination for the Degree of Bachelor of Medicine (Old Regulations)*.—Second Class Honours: A. F. G. Codd, St. George's Hospital.—*Pass List*: E. C. Arnold, St. George's Hospital; C. Averill, M.R.C.S., L.S.A., St. Bartholomew's Hospital; W. C. Brown, College of Medicine, Newcastle-upon-Tyne; E. H. Gibbon, College of Medicine, Newcastle-upon-Tyne; H. E. Haycock, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; A. K. Holt, St. Bartholomew's Hospital; J. A. Manton, St. Bartholomew's Hospital; A. Miers, Leeds Medical School; I. G. Modlin, College of Medicine, Newcastle-upon-Tyne; J. Norton, Westminster Hospital; G. A. Robinson, London Hospital; C. W. Smeeton, Leeds Medical School; J. A. Smith, Leeds Medical School; C. J. Stanley, King's College; C. W. Steenberg, College of Medicine, Newcastle-upon-Tyne; R. Thompson, Guy's Hospital; W. Thompson, Leeds Medical School.—The following satisfied the Examiners in *Anatomy, Physiology, and Botany*:—J. B. Baker, M.R.C.S., L.R.C.P., Charing Cross Hospital; E. E. S. Coombe, University College; T. Lund, College of Medicine, Newcastle-upon-Tyne; F. J. McArdle, University College, Liverpool; C. W. E. Toller, St. Bartholomew's Hospital.—*Re-examination for Chemistry only*—G. T. Giddings, London Hospital.—The following satisfied the Examiners in the *Second Examination for the Degree of Bachelor in Medicine (New Regulations)*.—Second Class Honours: M. M. Bowlan, College of Medicine, Newcastle-upon-Tyne.—*Pass List*: G. Berwick, College of Medicine, Newcastle-upon-Tyne; E. Bowmaker, College of Medicine, Newcastle-upon-Tyne; J. W. Leech, College of Medicine, Newcastle-upon-Tyne; G. Metcalfe, College of Medicine, Newcastle-upon-Tyne; W. H. G. Williams, College of Medicine, Newcastle-upon-Tyne.—The following satisfied the Examiners in the *First Examination for the Degree of Bachelor in Medicine (New Regulations)*.—J. S. Walton, College of Medicine, Newcastle-upon-Tyne.—The following passed in *Anatomy and Physiology*:—A. J. Hopper, College of Medicine, Newcastle-upon-Tyne; E. Jepson, M.R.C.S., L.S.A.—*Re-examination in Chemistry, Chemical Physics, and Botany*:—S. J. Aldon, College of Medicine, Newcastle-upon-Tyne; N. Davis, College of Medicine, Newcastle-upon-Tyne; R. C. De Lacey, College of Medicine, Newcastle-upon-Tyne; L. A. McNabb, College of Medicine, Newcastle-upon-Tyne; G. Metcalfe, College of Medicine, Newcastle-upon-Tyne; H. J. Parry, College of Medicine, Newcastle-upon-Tyne; D. R. Roberts, College of Medicine, Newcastle-upon-Tyne; O. B. Smith, College of Medicine, Newcastle-upon-Tyne.—*Examination in Chemistry and Chemical Physics only*:—W. H. Coates; N. Faichnie, University College, London; J. C. Hoyle, St. Bartholomew's Hospital.

Examination Questions.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

EXAMINATION FOR THE LICENCE (FIRST PART), JULY, 1885.
Materia Medica, Medical Botany, and Pharmacy.—1. What forms of carbonate of lime are used in medicine? How are

they prepared? What are their official preparations? What are their effects when administered internally or applied locally? 2. What drugs are derived from the natural orders ranunculaceæ, liliaceæ, rosaceæ, and convolvulaceæ? State what parts of the plants are official, and what active principles they contain. 3. Give the mode of preparation, chemical composition, physical and chemical characters, and general effects upon the system of perchloride of mercury, arseniate of iron, and bromide of potassium. 4. Give an account of colchicum, including its source, the parts used, its official preparations, and its general effects upon the system. 5. Give an account of ether, including its mode of preparation, physical and chemical properties, and general effects upon the system. 6. State the different modes in which the official extracts are prepared, and give examples of each.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

FIRST EXAMINATION, JULY 28, 1885.

Elementary Physiology.—1. Name the tissues shown under microscopes A, B, C. By what characteristics do you recognise them? 2. Explain the mechanism of ordinary inspiration and expiration. 3. Give the composition of human milk. 4. Compare the contraction of such a muscle as the biceps humeri with the contraction of the muscular coat of the intestine. 5. By what channels does the blood enter and leave the right auricle? Describe the shape, position, and action of any valves concerned. 6. What are the essentials of a simple reflex action? Give an illustration.

UNIVERSITY OF LONDON.

INTERMEDIATE SCIENCE AND PRELIMINARY SCIENTIFIC (M.B.)
PASS EXAMINATIONS.

TUESDAY, JULY 21.—Morning, 10 to 1.

Experimental Physics (Examiners: Prof. G. Carey Foster, B.A., F.R.S., Prof. A. W. Reinold, M.A., F.R.S.).—1. Distinguish accurately between *mas.* and *wright*. In what sense is the word "pound" used in the expressions "a foot-pound of work," "a pound of lead," "a force of ten pounds"? A cubical block of stone, one metre along each edge, and of density 2.5 grammes per cubic cm., rests upon a horizontal surface. Find the amount of work, in centimetre-grammes, required to turn it over about an edge. 2. A bullet of mass 20 grammes is shot horizontally from a rifle, the barrel of which is one metre long, with velocity 400 metres per second, into a mass of 50 kilogrammes of wood floating on water. If the bullet buries itself in the wood without making splinters or causing the wood to rotate, find the velocity of the wood directly after it is struck (that is, before the velocity has been diminished by the resistance of the water). Also find the average force in grammes-weight exerted on the bullet by the powder ($g = 981$ centim. per second. 3. Describe (1) a method by which the densities of two liquids (e.g. sulphuric acid and nitric acid) may be compared; (2) a method by which the volume of a piece of wood may be determined. 4. Determine the height of the barometer when a milligramme of air at 27°C. occupies a volume of 20 cub. cm. in a tube over mercury, the mercury standing 73 cm. higher inside the tube than outside. [1 gramme of air at 0°C. under pressure of 76 cm. of mercury measures 773.4 cub. cm.] 5. Describe (a) the motion of the air in an organ-pipe that is sounding its fundamental tone; (b) that of the air outside the pipe by which the sound is transmitted. Also explain (best with the help of a diagram) the connexion between the motion of the air inside and outside the pipe. 6. When temperatures are expressed on the centigrade scale, the latent heat of fusion of ice is represented by 80, and the mechanical equivalent of heat by 423.9 (metre-grammes). Express the same quantities on the Fahrenheit scale, and explain why one is represented by a larger, and the other by a smaller, number. 7. Describe and explain a method of comparing experimentally the expansion of other liquids with that of mercury. 8. The density of saturated steam is greater at high temperatures than at low temperatures. Explain clearly how this fact is reconcilable with the usual effect of elevation of temperature to cause expansion and diminution of density.

TUESDAY, JULY 21.—AFTERNOON, 3 to 6.

Experimental Physics (Examiners: Prof. G. Carey Foster, B.A., F.R.S.; Prof. A. W. Reinold, M.A., F.R.S.).—1. Find

the focal length of a single lens that is optically equivalent to two thin lenses in contact, and of focal lengths p and q respectively. When a luminous point is placed on the principal axis of a convex lens (A) and at a distance a from it, an image is formed 10 inches from the lens on the other side. If a second lens (B) is placed close to A , the image is 15 inches off. Determine the focal length of the lens B , and state whether it is concave or convex. 2. Explain the formation of the prismatic spectrum. If a horizontal beam of sunlight is admitted into a dark room through a narrow vertical slit, what arrangement of apparatus is required to throw a sharply-defined spectrum upon a screen? Give a diagram. 3. The intensities of the earth's horizontal magnetic force at two different places can be compared by observing at each the deflection by the same magnet of a small compass-needle placed in the same position relatively to the magnet. Explain the method, and show how the result of the comparison would be affected by a diminution of the magnetic moment of the compass-needle, or of the magnet, respectively, occurring between the observations at the first station and those at the second. 4. A metal jar A is put inside a larger metal jar B , both being insulated from all other conductors and from each other, and an insulated electrified ball is hung inside A . The jar A is now uninsulated for a moment, and then the ball is removed; next, B is uninsulated for a moment, and then the jar A is removed. What are now the relative electrifications of the ball and of the jars A and B respectively? 5. It is usually said that two portions of electricity attract or repel each other with a force that is inversely proportional to the square of the distance between them. Does it follow that the attraction or repulsion between two electrified bodies is always in the inverse ratio of the square of their distance? If not, show why not; and explain generally the conditions under which the law of inverse squares does or does not apply to the force between two electrified bodies. 6. Three galvanic cells, A , B , C , whose respective electro-motive forces and resistances are as follows, namely—

	A	B	C
Electromotive force ..	1.07	1.64	1.9 volts,
Resistance ..	.72	2.3	.1 ohms,

are connected in series, and the circuit is completed by a wire of resistance 5.9. Determine the strength of the current produced. If the cell B were removed and replaced in the circuit with its terminals inverted, what would be the strength of the current? 7. What is meant by the electro-chemical equivalent of a substance? If a current of 1 ampère decompose per minute 0.0056 grammes of water, what quantity of silver will a current of 0.5 ampère separate from a solution of silver-nitrate in an hour? [108 grammes silver are chemically equivalent to 1 gramme hydrogen.] 8. The mechanical equivalent of heat may be deduced from the results of experiments on the amount of heat produced in a coil of wire by an electric current. Explain how this can be done, and state definitely what quantities it would be needful to measure in order to determine the mechanical equivalent in this way.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following are the questions set at the Primary Examination in July last:—

Anatomy.—1. Describe the os calcis, with its muscular and ligamentous attachments. 2. Describe the mechanism of pronation and supination of the fore-arm and hand, and enumerate the muscles by which these movements are effected, giving their nervous supply. (A full description of the radio-ulnar articulations is not required.) 3. The abdomen having been opened, state in order the viscera which must be removed to expose the whole of the vena cava inferior. 4. Enumerate the ligaments which connect the occiput with the atlas and axis; and describe the movements which take place between these bones. 5. Describe the areas of distribution of the various cutaneous nerves of the buttock and thigh. 6. Describe the structure and relations of the prostate gland, and the portion of urethra contained within it.

Physiology.—1. Give the characters, distribution, and uses of yellow elastic tissue. 2. Name the several proximate constituents of bread. Describe the changes which each undergoes in the alimentary canal. 3. Describe in proper sequence the action of the right auricle, right ventricle, and pulmonary artery, with their valves, during a complete cardiac cycle. 4. What kinds of impulses travel by the anterior and posterior

roots of the spinal nerves? How have the facts been demonstrated? 5. Describe the physical and chemical characters of lymph. What is its source? Compare it with chyle and with blood. How is its movement effected? 6. By what means is the temperature of the body raised above that of the surrounding air? How is it prevented from rising above normal limits? To what extent does it vary in different parts of the body?

Notices of Books.

QUESTIONS ON MAGNETISM AND ELECTRICITY*.

THIS book, as explained by the author in his preface, is designed to serve as a guide rather than a text-book, to the student preparing for the various examinations which embrace the subject of which it treats, particularly the Preliminary Scientific and First Bachelor of Science Pass Examinations of the University of London. The most important questions on magnetism and electricity set at these examinations during the last 25 years have been collected and carefully classified by Mr. Levander, and to each question is appended its answer, clearly expressed, concise, and as far as can be judged from a cursory perusal, admirably exact. It not unfrequently happens that a student fails at an examination through want of time to complete his answers, or from an inability to express his thoughts on paper. To such the answers given in this book will serve as an example of what an examiner really wants, and will all repay careful perusal, not only on account of the matter they contain, but also on account of their concise accuracy. The questions are perhaps rather in advance of those set by the joint-board in England, but those preparing for that examination will do well to carefully study them, remembering that to make certain of passing any examination it is necessary to aim at a higher standard than that laid down in the official syllabus, and by previous papers. This edition more than sustains the high reputation gained by its predecessor.

VETERINARY PHARMACOLOGY AND THERAPEUTICS†.

THE favourable impression produced by the first appearance of this little book is so sorely borne out by a closer acquaintance with it. Although the medicinal substances are considered in alphabetical order, an index would have been a great convenience, and it is possible, for want of it, that we may have overlooked some drugs of special value in veterinary medicine, but not treated in the work. The most notable of these is turpentine, which, as an internal remedy, and as an ointment and liniment, has long enjoyed great reputation with veterinary surgeons. Of their principal purgative, aloes, the author says nothing. He gives, it is true, half-a-page on aloin, whereas he has devoted no less than six pages to salicylic acid, and is nearly as profuse on cocaine. The therapeutic index appended to the work is well arranged, but, on the whole, the student of comparative therapeutics and the practitioner of veterinary medicine may fairly claim, in a future edition, more detailed evidence on the action of medicines on animals, and more specific directions for their administration.

THE CLIMATE OF CANADA‡.

When we contemplate the vast possessions owned by the British nation in Canada, and the important future undoubtedly in store for this region, we can readily imagine that a description of its climate and peculiarities must be of interest to all well-wishers of their country and its extensive colonial offshoots. The high professional status held by our author adds to the value of his work. Teeming with useful information, of importance to the intending emigrant and colonial

* Questions on Magnetism and Electricity. By F. W. Levander, F.R.A.S. London: H. K. Lewis. Second Edition.

† Veterinary Pharmacology and Therapeutics. By James Brodie Gresswell, M.R.C.V.S. London: H. K. Lewis.

‡ The Climate of Canada and its Relations to Life and Health, by Wm. H. Hingston, M.D., D.C.L., L.R.C.P.Ed., Montreal; Dawson, Bros., Publishers, 1884.

settler alike, all readers will find instruction in its contents. In the second part of his work, the author treats of the relation borne by climate to health and life, supporting his views entirely by his own experience and observations, and taking nothing for granted or hearsay evidence. We strongly commend the work to the intending emigrant or traveller.

WICKHAM LEGG ON THE URINE.*

The appearance of a *Sixth Edition* of Mr. J. Wickham Legg's useful little book is a powerful witness to its popularity (and therefore to its utility) with both students and practitioners. The careful revision the book has recently undergone increases its practical utility, and we may confidently assert that in its present form it is fully adequate to the requirements of all the examining bodies. When we last had this book submitted to our notice we were struck with the various points of excellence exhibited by it, and this feature is in the present edition fully sustained.

Correspondence.

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WILDRAKE.—(i.) You cannot do better, for the purpose, than confine your attention to the section on Therapeutics, in Dr. Mitchell Bruce's admirable manual of "Materia Medica and Therapeutics" (Cassell and Co.); (ii.) Any of the ordinary text-books, or Jones's "*Vade Mecum* of Chemistry," designed specially for such students; (iii.) Dr. Wilson's "Handbook" (Churchill).

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BOOKS RECEIVED.—"Practical Histology and Pathology," by Hensage Gibbes, M.D. Third Edition (H. K. Lewis).

* A Guide to the Examination of the Urine, by J. Wickham Legg, Esq. Sixth Edition. London; H. K. Lewis, 136, Gower Street. 1885.

"A Guide to the New Materia Medica," by Prosser James, M.D. (Churchill).

PAPERS RECEIVED.—Midland Medical Miscellany—Medical Times and Gazette—British Medical Journal—Medical Press and Circular—New York Medical Record—Canada Lancet—Medical Annals—Chicago Medical Journal, &c., &c.

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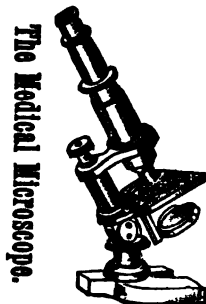
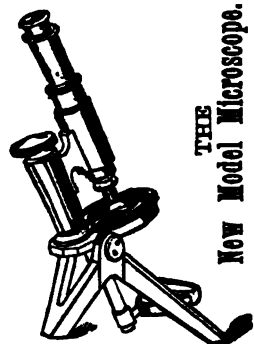
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DURING the last few days I have been trying to get some information as to the number of new entries at the various hospitals, but find the officials somewhat reticent, as the entries are not yet complete. Odd students drop in at one or other of the hospitals up to about the 12th of October. From what I can learn, most of the London medical schools will have a full average entry. At Guy's, the average of late years will be exceeded, as up to the present there are twenty full entries more than at the same date last year.

THE conversazione at St. Mary's Hospital, on the 2nd inst., was quite an event, the arrangements being carried out on a grand scale, and apparently regardless of cost. Invitations were sent broadcast to the friends of the hospital, and to the profession in London, with the result that about four thousand visitors put in an appearance, crowding the various rooms and wards in the school buildings and lower floor of the hospital, which had been tastefully decorated for the occasion. The musical tastes of the company were amply provided for by the bands of the Grenadier Guards and St. George's Rifles, and Mr. Edward Plater's Glee Union. The usual sights were on view including tapestries, pictures, art ware, artistic furniture, china, microscopes, surgical instruments, &c., and refreshments were provided with a liberal hand. Altogether the arrangements were excellent, and the staff are to be congratulated on scoring a great success.

ENGLISH opticians are not, I find, quite so ready to exhibit at hospital *soirées* as formerly. They complain, and with good reason, that they are allowed the privilege (?) of exhibiting their manufactures at considerable expense, but when microscopes are wanted for the hospital the orders are sent to German or other continental makers. And, to make matters worse, some of the lecturers take the greatest interest in selling foreign microscopes to the members of their classes, to the total exclusion of English makers. Whether they are paid for selling the wares of foreigners or not, I cannot say, but the proceeding wears a very business-like aspect. An optician told me recently that he knew a Scotch University professor, who, for several years, received a thousand a year from a German firm for recommending their microscopes to the students. Such a proceeding is disgraceful, and should be exposed. To give advice as to the purchase of an instrument is quite within the province of a lecturer, but he ought not to have a pecuniary interest in so doing. If a lecturer is very sweet on any particular form or make of microscope, my advice to students is to regard the advice with suspicion.

THE death of Lord Shaftesbury conveys a caution to medical practitioners regarding the dangers of East Coast watering places in the autumn. The poor old gentleman had been suffering from diarrhoea, and with a view doubtless to bracing him

up for the winter, his physician, a very eminent man, ordered him to Folkestone. The nipping easterly winds, and the sudden changes of temperature, were, however, too much for the poor old gentleman. He took a severe chill, pneumonic symptoms set in, and he soon succumbed. After the first week in August, elderly persons should avoid seaside resorts east of Hastings, and even here the risks are considerable. On the south coast the most mild and suitable climate for invalids requiring residence at the seaside within reasonable distance of London, is Bournemouth, which is favoured with a most genial climate, well sheltered from easterly winds, and has moreover splendid hotel accommodation.

DURING the past fortnight matters of business have required me to visit both Margate and Bournemouth. A greater contrast could not well be imagined. The former, cold, wretched, dull and deserted; the latter warm and lively, but not too lively, with the hotels tolerably full of visitors, although it is what is called "between seasons." Even now the trees at Bournemouth are thick with foliage, and the gardens still retain their gay summer appearance. Here it was that my friend, poor Douglas Hemming, whose contributions to the columns of the *HOSPITAL GAZETTE* will be fresh in the recollection of the readers, spent the last few years of his short and useful professional career, and undoubtedly prolonged his life considerably by taking up his abode in this favoured spot.

DURING the trial of a divorce case, in Edinburgh, last week, in which a Dr. Comer (a gentleman whose name does not appear in the *Medical Directory*), figured as a co-respondent, the following evidence, which I copy from an Edinburgh newspaper, was brought out:—"The Dean of Faculty—What you describe in this letter were the sensations you felt when you were alone with Fanny? Witness—They were the sensations of the natural man. The Dean of Faculty—What I want to know is whether they were the sensations of Dr. Comer? Witness—They were not. The Dean of Faculty—Does that passage not describe the feelings you had when alone with a girl of 14? Witness—It describes them in a manner in which Mrs. Forrester would understand, she having religious experience. The Dean of Faculty—Could other people not understand them? Witness—Other people could not understand them unless they had been converted and had given their hearts to God. The Dean of Faculty—You mean to say that anybody who has not been converted could not understand that passage? Witness—I do not think anyone but a spiritually-minded person could understand it. I certainly could not have understood it four years ago. The Dean of Faculty—At all events, that passage describes your feelings when alone with a girl of 14? Witness—I do not say that. The Dean of Faculty—If you thought Fanny was in danger why did you not stop driving her about? Witness—There was no danger from me. I warn her of her great danger, and refer to what might happen from anybody else. The

Dean of Faculty—But you say, 'I am afraid if she knew my feelings she would be afraid to come near me.' Witness—She was too young a girl to know about these feelings. The child was very fond of me, and used to tease me about one thing and another. The Dean of Faculty—What do you mean by saying, 'How easily we would both fall?' Witness—Simply this, that I had to caution Mrs. Forrester two years before. I told her for the little girl's sake she should in some way try to explain to her not to be so forward and familiar. It was well enough with me, but it might not have been with somebody else." It would appear, according to Dr. Comer, that it is only people "who had been converted," who could realise "the sensations of the natural man." We are often told that there is a great deal of truth in this, but it is seldom that we have it on such high authority.

For keeping a sharp eye on the main chance commend me to a Yankee. He never loses an opportunity of doing a stroke of business. A literary friend of mine, who has made such a reputation that the state of his health is a subject for newspaper paragraphs, has been suffering lately from liver and nerve trouble, the result of overwork. He is now inundated with letters from American physicians, all anxious to have the honour of restoring to him a sound mind in a sound body. One of these worthies writes from Chicago as follows:—"My dear sir,—You will please pardon me for this, probably the most singular letter you have ever received; but my excuse for writing it lies in the fact that I read the other day an item of news to the effect that from overwork you were in bad health. I do not tender my professional services (as such a course, considering the great number of able medical men you have in England, many of whose works I have perused with advantage, would be greatly out of place), but to impart to you some *new* views, which may prove of interest to you, as well as beneficial to your health. According to the best views advanced (and doubtless correct) five out of every six portions of food (liquid or solid) which man consumes go into *nerve force*, the remaining one-sixth being used up for 'wear and tear.' Now, this nerve force is generated from the blood, from which it is extracted by the nerve cells (or ganglia) of the brain, there stored for use, like electricity in a Leyden jar, to be let out or expended at will. *If, from over-mental exertion, the walls of the cells become weakened, they fail to extract the nerve force when the blood reaches them by the heart's action, consequently it is lost, or rather is conveyed off through the veins (which leave or have their beginnings at the cells, where the arteries terminate). As the capillaries are the end of the arteries and beginnings of the veins, so are the brain nerve cells. If they are weak, they cannot do their work, per consequence we have debility of the whole system. The will cannot send a force to a part when it has not that force. A man may eat a great deal and have little strength, or he may eat moderately and have a great deal. In the one case there is nerve-cell failure to extract the strength distilled from what is eaten; in the other there is a healthful or vigorous*

state of the nerve cells, and all the power within the food taken is utilized. *Debility, mental or physical, always lies in one of two conditions. There is either a lack of nerve force in the blood, due to want of assimilation, or inability to extract that force if it is in it. I have made a study of this matter, during the past 27 years, and my theory has proved its correctness in very many cases (without an exception). The trouble with man is this; he endeavours to get out of himself in the way of either mental or physical labour, more strength than is in him. You cannot raise a pint or pound of matter without a pound of power, always less the friction; neither can you force out of the brain ganglia, that which it does not contain. Man breaks himself down by overstraining his machinery. That is evidently what you have done, as you are a worker, or, as we say in this country, 'a pusher.' There is a way to cure this over-work breaking down, but very many, not looking at the real cause, fail to successfully handle it. There are thousands of drugs, and new remedies are constantly being added, but the improvement needed in medical science is a change of the theory and practice as now adopted and foolishly indulged in."* It will be observed that the discoverer of these new views does not vouchsafe any particulars of his mode of cure. This perhaps would be forthcoming, on receipt of a good fee, which, however, he is not likely to get.

PERIPATETICUS.

Original Papers.

THE ESSENTIALS OF TOXICOLOGY.

By ARMAND SEMPLE, B.A., M.B. Cantab, M.R.C.P.
London, Physician North Eastern Hospital for
Children; Author of "Aids to Chemistry," &c.

(Continued from page 275.)

VEGETABLE POISONS.

STRYCHNINA.

This alkaloid is largely used in different forms of "vermin killers." "Battle's Vermin Killer" contains 23 per cent., Butler's contains about 5 per cent., and Gibson's about 5 grains in each powder. A case is on record in which 150 pheasants were poisoned through eating the maggots generated in some animal destroyed by a strychnina vermin killer.

Symptoms of Poisoning.—These usually begin in from 10 to 20 minutes, but depend upon the form of administration, being more rapidly developed when the poison is taken in solution than when given in the form of a pill. There is a hot, bitter taste in the mouth, intense feeling of suffocation, the strychnina "fit" then comes on, with jerking of the muscles, great stiffness of the body, and tetanoid convulsions. The frequent form of the tetanoid spasm is opisthotonos (the body being arched upon the head and heels). Pain is intense from the muscular contractions. Vomiting is not common. There is constant gasping respiration, and the risus sardonius (broad grin). The pupils are dilated during the fit. Then comes a remission, which may last from a few

minutes to *half-an-hour*, and the pupils contract. The prominent symptom is trismus (locked-jaw), and this is invariably present, although the jaw is the last part affected. Hyperaesthesia is intense, the slightest touch causing a return of the paroxysms. The patient dies either from asphyxia, or from the extreme exhaustion, and the mind usually remains clear to the last.

Treatment.—The stomach-pump must be used, and powdered animal charcoal injected and allowed to remain in the stomach for five minutes, and then pumped out. Chloroform should be administered to overcome the trismus. To relieve thirst (if the patient can drink) the best remedy is strong tea. Numerous remedies have been advocated, viz., opium and morphia, nicotine, tannin, prussic acid, common salt, and chloral hydrate. The last is probably the most valuable drug.

Post-Mortem Appearances.—Little can be said. The special appearance is intense congestion of the brain and spinal cord, with considerable effusion of blood, but these are not constant. Post-mortem rigidity is usually prolonged.

Quantity Required to Destroy Life.— $1\frac{1}{2}$ to 2 grains is a poisonous dose; $\frac{1}{12}$ of a grain has produced severe tetanus; and $\frac{1}{4}$ grain has proved fatal; even $\frac{1}{6}$ of a grain is regarded as poisonous. It must, however, be stated that recovery has taken place even after as much as 40 grains. The hypodermic injection of strychnina exercises a far more energetic action than when it is given by the mouth.

Period at which Death Takes Place.—Death or recovery is always rapid, and the case is hopeful if the individual lives over five or six hours.

Mode of Extraction from the Stomach.—The organic mixture should be acidified with acetic acid, and diluted with sufficient water to make it filter easily, and the filtrate then evaporated to a thick syrup. This should be heated with eight or ten times its bulk of alcohol, again filtered, and the alcohol distilled off. The filtrate should be saturated with liquor potassae, and shaken up with its own bulk of ether. Here the acetic acid combines with the strychnia to form acetate of strychnia, the potash unites with the acetic acid to form acetate of potash and precipitates the strychnia, which is taken up by the ether. Sulphuric acid may be added during the operation, in order to remove colouring matter. The above process is repeated two or three times in order to ensure the perfect purity of the alkaloid.

Tests.—1. The intense bitter taste. 2. The physiological test. The solution injected under the skin of the back of a frog produces tetanic convulsions. It is stated that these convulsions have followed the injection of the $\frac{1}{10,000}$ part of a grain into the lungs of a small frog. 3. The "colour test." If strychnia, placed on a white plate, and touched with a drop of strong sulphuric acid, no colour results, but a sulphate of strychnia is formed. A little peroxide manganese or lead is then stirred into the mixture, and a rainbow play of colours is exhibited. This

result is due to the development of nascent oxygen upon the alkaloid. Dr. Letheby suggested the employment of the galvanic battery in the production of this play of colour, as follows:—Place a drop of solution of strychnia (one part in 15,000 or 20,000 of water) in a slight cup-shaped depression on platinum foil. Let the fluid evaporate, and then moisten the spot with strong sulphuric acid. Connect the foil with the positive pole of a single cell of Grove's battery, and touch the acid with a platinum terminal from the negative pole. At once the violet colour will flash out, and on the removal of the pole from the acid the tint will remain.

(To be continued.)

AIDS TO OPHTHALMOLOGY.

By C. FRED. POLLOCK, M.D., F.R.C.S.E., Ophthalmic Surgeon, Anderson's College Dispensary, Glasgow. Formerly Assistant Physician, City of Glasgow Fever Hospital, Belvidere; Demonstrator of Histology, Glasgow University; Demonstrator of Pathological Histology, Glasgow Western Infirmary.

(Continued from page 301.)

OPERATIONS.

Epilation; pulling out of eyelashes.

Tenotomy; division of tendon of ocular muscle close to sclerotic.

Advancement; tenotomy with fixing tendon forward to new attachment.

Peritomy (syndectomy); removal of zone of conjunctiva round cornea.

Paracentesis; puncture at margin of cornea.

Abcission; removal of anterior portion of globe.

Sclerotomy; incision of corneo-scleral margin.

Iridectomy (artificial pupil), excision of part of iris, through opening in margin of cornea.

Iridesis; ligature of piece of iris outside wound in cornea.

Corelisis; separation of posterior synechia by forceps through wound in cornea.

Solution (Needle operation, Discission); laceration of lens capsule, so as to admit aqueous, and allow lens to be dissolved and absorbed.

Extraction; removal of lens through opening in capsule and margin of cornea, with or without preliminary iridectomy.

Enucleation; excision of eyeball.

EXAMINATION OF PATIENT.

The complaint of the patient, or the obvious condition of the eye, guides the examination. The following are the main symptoms and indications to be noted.

By simple inspection;

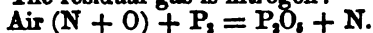
Lids; inflamed, swollen, or distorted, edges crusted, thickened, everted, or inverted; lashes against eyeball;

Conjunctiva congested, swollen, or granular; discharging muco-pus or pus; with foreign body.

N. B. To evert upper lid; patient looks down, examiner catches lashes, and pulls edge of lid

in all nitrates; and (e) in certain meteorites and nebulae.

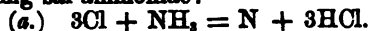
234. *Preparation*.—1. It may be prepared from atmospheric air by the removal of oxygen. This may be effected by burning phosphorus in air. Phosphorus pentoxide is left behind as a snow-white powder. The residual gas is nitrogen:—



A piece of phosphorus is placed in a light capsule, and floated on water. The phosphorus is ignited, and covered by a graduated cylindrical jar. As the phosphorus burns, the oxygen of the air disappears, and the water gradually rises. On cooling, it is found that $\frac{1}{5}$ th of the volume of the air has disappeared. From this experiment we learn that the atmosphere is composed of 4 volumes of nitrogen and 1 of oxygen. Phosphorus pentoxide is very deliquescent, and rapidly dissolves in the water it absorbs. Nitrogen, as thus obtained, is never quite pure; it contains a small quantity of oxygen, together with other impurities—as carbon dioxide, &c. Phosphorus, in presence of moisture, brings about the same result without the application of heat. A slow combustion ensues, and phosphorus teroxide results. Sulphur and iron filings, when moistened, slowly combine with oxygen, leaving nitrogen behind.

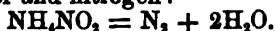
To obtain *pure* nitrogen, air from a gas-holder should be passed through two U tubes containing sulphuric acid and caustic potash. In the first, water is absorbed; in the second, carbon dioxide. The purified air is then passed over pure copper turnings contained in a long tube heated to redness. Cupric oxide (CuO) is left in the tube, while nitrogen passes on. Using metallic iron instead of copper, magnetic oxide of iron (Fe₃O₄) would be formed.

2. If a current of chlorine is passed into a strong solution of ammonia, nitrogen and hydrochloric acid are formed; and the latter combines with ammonia, producing sal ammoniac:—

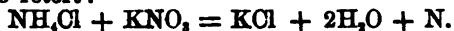


Care must be taken to keep the ammonia in excess, otherwise nitrogen chloride—a violently explosive substance—may be formed.

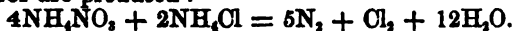
3. When a solution of ammonium nitrite is heated, it yields water and nitrogen:—



As this salt is difficult to prepare, it is best to substitute sal ammoniac and potassium nitrite in equivalent proportions. Potassium chloride remains behind in the retort:—



4. If ammonium nitrate and sal ammoniac in the dry state are heated together, nitrogen, chlorine, and water are produced:—



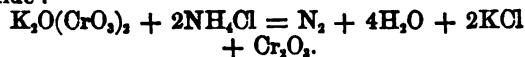
By passing the mixture through milk of lime or caustic potash, the chlorine is absorbed (§ 48), while the nitrogen passes through unaffected.

5. When ammonium dichromate is heated, nitrogen and water pass off, and chromium sesquioxide is left behind:—



A more economical process is to heat a mixture of

potassium bichromate and sal ammoniac, when potassium chloride remains behind with the sesquioxide:—

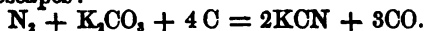


6. Animal substances, as meat, may, by heating gently with dilute nitric acid, be made to yield nitrogen. The gas is always accompanied by a little nitrogen dioxide, which may be removed by passing the mixture through a solution of ferrous sulphate, which absorbs the dioxide.

Nitrogen, however made, may be collected over water, on account of its insolubility; or over mercury, on which it has no action.

237. *Properties*.—Nitrogen is a colourless, transparent, inodorous, neutral gas. It is almost insoluble in water, 100 vols. taking up $1\frac{1}{4}$ vols. of the gas. Its density compared with air is .972. It has been liquefied by Calletet, by allowing it to expand suddenly under a pressure of 200 atmospheres. Nitrogen neither burns nor supports combustion,* a lighted taper being immediately extinguished. Though not poisonous, it is destructive of the life of animals and plants, through their being deprived of oxygen. The gas is, therefore, characterised by negative properties.

It has little tendency to combine with other elements. Boron, titanium, tungsten, and tantalum combine with it, and even burn in it. Under certain conditions, it will also unite with hydrogen, oxygen, and carbon. Nitrogen and hydrogen unite and form ammonia when one or both are in the nascent state. Nitrogen and oxygen, when mixed, if subjected to a series of electric sparks, combine and form nitric acid, which will unite with an alkali and form a nitrate if the union takes place above an alkaline solution. If nitrogen or air be passed over a mixture of potassium carbonate and carbon, cyanide of the metal is left behind, and carbonic oxide escapes:—



Nitrogen in combination gives rise to bodies which are often characterised by well-marked properties; *ex gr.*:—ammonia and prussic acid, nitric acid and nitro-glycerine. Nitrogen is unaffected by the electric current, and, according to Faraday, shows no tendency to pass in either direction. Nitrogen is a *pentad* element; but (§ 35), by the mutual saturation of pairs of bonds, it may become *triad* or *monad*. These three valences are seen in ammonium chloride (NH₄Cl), ammonia (NH₃), and nitrous oxide (N₂O) respectively (§ 35).

238. *Tests*.—Nitrogen and carbon dioxide may be confounded, in that they both extinguish the flame of burning bodies; but nitrogen is neutral if it be purified by washing from traces of phosphorous acid. Carbon dioxide in presence of moisture has an acid reaction. Nitrogen is scarcely soluble. Carbon dioxide is soluble in its own volume of water. Nitrogen produces no turbidity with lime-water. Carbon dioxide does. Moistened caustic potash, placed over mercury in a tube containing nitrogen, produces no

* If a mixture of 1 vol. of nitrogen and 12 vols. of hydrogen is kindled as it issues from a small tube, and burned in air or oxygen, the products are water and nitric acid. In this experiment the nitrogen may be said to burn.

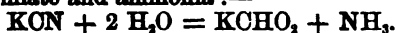
alteration of volume. With carbon dioxide the gas is completely absorbed, and the mercury ascends and occupies the vacated space.

XL.—AMMONIA (VOLATILE ALKALI; ALKALINE AIR) **NH₃.**

Molecular weight = 17. Density = 8.5. Molecular volume $\square\square$. *1 litre weighs 8.5 grs.*

239. *Distribution.*—Ammonia,* mainly in the form of carbonate, exists in the atmosphere. It is one of the products of the decay of organic bodies containing nitrogen. It is the result of many chemical reactions in which nitrogen and hydrogen are presented to one another, one or both being in the nascent state. Thus, when iron is oxidised in moist air, the nascent hydrogen resulting from the decomposition of water combines with the nitrogen of the air, and forms ammonia.† Ammonia exists in minute quantities in all natural waters. After thunder-storms, it occurs as a nitrate in rain-water to comparatively a large extent. It has also been found in marl, ochre, clays, iron peroxide, and many iron ores. Rock-salt may contain it, and sal ammoniac and ammonium alum occur native. In the juices of plants and animal fluids (especially the latter), it is found dissolved. The primary source of ammonia and ammoniacal salts is organic matter containing nitrogen. Ammonium chloride‡ and sulphate are deposited on the sides of volcanic vents, and in the crevices of lava-flows.

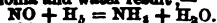
240. *Preparation.*—1. When organic bodies containing nitrogen are heated out of contact with air—*dry distillation*—ammonia is one of the products. 2. The silent electric discharge will cause nitrogen and hydrogen to unite and form ammonia. 3. Ammonia is produced when nascent hydrogen acts on the oxides of nitrogen, and also by the hydration of cyanides. Cyanide of potassium gives rise to potassium formiate and ammonia:—



4. The ammoniacal liquor of the gas-works is the main source of ammonia.§ This is converted into sal ammoniac, which is then mixed with twice its weight of slaked lime—a small quantity of caustic lime being spread over the mixture. The whole is gradually heated in a retort, and the evolved ammonia is passed through a tube containing fragments of quicklime, or solid caustic potash, to dry it. Ammonia may be collected over mercury, or by upward displacement, as in the case of hydrogen. The

* Ammonia derives its name from its having been obtained from *sal ammoniac*—so called because found near the temple of Jupiter Ammon, in Libya. Up to the time of Priestley, ammonia was only known in solution, and was called *Spiritus of Hartshorn*—in allusion to its preparation from the horns of deer—or *Spiritus Volatilis Salis Ammoniaci*. Priestley discovered the gas in 1774. Scheele, in 1777, ascertained that it contained nitrogen, and regarded it as a compound of this gas with *phlogiston*. Berthollet, in 1786, ascertained its true composition.

† This is an example of nascent hydrogen combining with free nitrogen. If 2 vols. of nitric oxide and 5 vols. of hydrogen are passed over heated spongy platinum, ammonia and water result:—

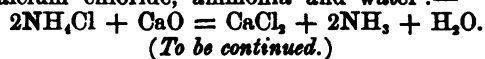


Here free hydrogen combines with nascent nitrogen. Tin, zinc, and iron, when acted on by dilute nitric acid, yield ammonia. Here both hydrogen and nitroge are liberated in the nascent state simultaneously, and form ammonia.

‡ This compound is very abundant after some volcanic eruptions, and is produced by the union of hydrochloric acid, which escapes from volcanic vents, with ammonia, resulting from the action of molten lava upon vegetation.

§ When animal matter, as bones and horns, and vegetable matter, as coal, are subjected to destructive distillation, ammonia, water, and carbon dioxide are the chief products.

chemical changes that take place are, the formation of calcium chloride, ammonia and water:—



(To be continued.)

NOTICES.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, OCTOBER 10, 1885.

EDITORIAL AND PERSONAL.

The following report was presented at the opening of the Winter Session at Guy's Hospital on the 1st inst.: "During the past year Guy's Hospital Medical School has been maintaining the high position it has always held. Amongst many successes, the following may be mentioned:—At the London University, whose examinations are well known as a severe test of medical knowledge, out of one hundred successful candidates at the Intermediate Examination for the Degree of Bachelor of Medicine (M.B.), twenty-four, or nearly a quarter, were Guy's students; and in the Honors Examination, out of forty-four places taken, eleven, or nearly a quarter, were obtained by Guy's men. The Scholarships fell to Guy's in two out of four subjects, and in a third, a Guy's man qualified for the Scholarship. At the Examination for the Degree of Bachelor of Surgery (B.S.), one-third of the successful candidates came from Guy's. At the M.D. Examination, one-sixth of those who passed came from Guy's, and one of them obtained the number of marks qualifying for the Gold Medal, which is one of the greatest distinctions in the University. A large number of candidates passed the other Examinations at the London University. At the College of Surgeons Guy's men have also done remarkably well. Thus, at the Final Examination for the Fellowship (F.R.C.S.), in May, a quarter of the successful candidates came from Guy's; whilst at the First Examination for the same distinction, a high average of the candidates passed. At the Examination for the Membership (M.R.C.S.), large numbers from Guy's have been, as usual, successful; whilst the percentage of success has been very high—for example, out of thirty-nine candidates in the spring thirty-seven passed. At the College of Physicians the percentage of successes has been almost as high; whilst at the First Combined Examination Guy's have passed eighty per cent. At the Apothecaries' Society, a Guy's Hospital student obtained the Surgical Scholarship of £100, and another obtained the Medal for Botany."

At Guy's Hospital the entrance scholarship in arts of 125 guineas has been awarded to Mr. Henry Woolmington Webber, and the entrance scholarship

in science of 125 guineas to Mr. Frederick William Hall. At the London Hospital the entrance science scholarship of the value of £60 has been awarded to Mr. David Brown, and that of the value of £40 to Mr. J. N. Collins. At St. Mary's Hospital the open scholarships in natural science of the value of £60 each have been awarded to Messrs. G. Watson, A. F. Stabb, and G. A. Simmons; those of £50 each to Messrs. O. E. Lansdown, H. A. Caley, and V. W. Iow; and those of the value of 50 guineas each, for students of Epsom College, to Messrs. J. J. Knox and S. P. Matthews. At St. Bartholomew's Hospital, for the senior science scholarship, Mr. H. R. Jones, B.A.Cantab., and Mr. J. Kerr, B.A.Cantab., are equal; the junior scholarship has been awarded Mr. C. E. Stevens.

LAST week the anatomical rooms in connection with the Edinburgh Medical School, under the charge of Professor Turner, and those of Minto House and Surgeons' Hall, respectively, under the charge of Dr. Symington and Mr. M. Brown, were opened for the winter session. The chemistry laboratories are also getting into regular order. So far, the number of students appears likely to be large, and Edinburgh is rapidly donning her wintry garb for hard work.

THE British Gynaecological Society will hold the first meeting of the winter session on Wednesday, October 14, at 11, Chandos Street, W., when a paper will be read by Dr. Jamieson, "On a New Operation for Ruptured Perinaeum;" and Dr. Heywood Smith will read "Notes of a Case of Hernia of the Ovary."

A TELEGRAM from Cairo says that the hospital stern-wheel paddle steamer *Alexandria*, with 40 invalids on board, sank at three o'clock on Monday morning, while moored to the river-bank, 20 miles to the south of Edfou. All on board were saved. It is expected that the vessel will become a total wreck.

LAST week one of the hitherto unoccupied wards in the medical house of the Edinburgh Royal Infirmary was formally opened for the reception of patients. The ward has been placed under the care of Dr. J. O. Affleck, who has long acted as Senior Assistant Physician in charge of the special ward for *delirium tremens* and similar cases. This causes a vacancy in the Assistant Physicianship, which, doubtless, the managers will shortly fill. For some time back it has been felt that the number of the assistant physicians might with advantage be increased, and we cannot but hope that the present favourable opportunity to rectify this deficiency in the hospital staff will not be lost. With the abundant material which the out-patient department offers, more might be done in the way of teaching. Another change that is looked forward to with hope is the opening of an additional ward for the treatment of the diseases of women. It is a pity that so much space still remains unutilised in such an institution, and up to the present the claims of this special department have hardly been sufficiently represented.

IN a communication to our contemporary the *Brit. Med. Journal*, Dr. Jas. A. Adams, of Glasgow, remarks that "shortening of the round ligaments" is "an operation which was independently originated and brought before the profession, in 1882, by Dr. Alexander, of Liverpool, and myself." We have not the slightest wish to detract from the merits of Dr. Alexander or Dr. Adams in any sense whatever but it is proper to remark that Mr. Walter Rivington also remarks, regarding this procedure, "The fact is that the operation was thought of and suggested by myself about fifteen years ago;" and Dr. Stirton, of Glasgow, informs us that he performed the operation five years ago, and abandoned it as useless and dangerous. After all, is this operation not of Continental origin, and of much greater antiquity than even fifteen years?

At a meeting of the Glasgow Southern Medical Society, held on the 1st inst., the following gentlemen were elected office-bearers for the ensuing session:—President, William Carr, M.B.; Vice-President, Fred. A. Freer, L.F.P.S.G.; Secretary, James Hamilton, M.B.; Editorial Secretary, John Glaister, M.D.; Treasurer, Edward M'Millan, L.R.C.S.E.; Seal Keeper, David Tindal, M.D.; Court Medical—Alexander Napier, M.D., Convener; Robert Pollok, B.D.; Neal Carmichael, M.D.; Robert Park, M.D.; James Morton, M.D. Three ordinary members to complete the Council—Wm. J. Shaw, M.B.; Alexander Rankin, M.B.; D. N. Knox, M.B.

THE occasion of opening the present season of the Leeds School of Medicine was also commemorative of the proposed incorporation of that institution with the Firth College; and Mr. Rutherford J. Pye Smith, to whom the task of delivering the inaugural address was entrusted, very fittingly dilated on the advantages to be derived from the expected union of the two principal teaching institutions of Sheffield. At the present time more funds are required ere the new buildings to be erected for the accommodation of the school can be commenced; but there is little doubt that the money will be speedily subscribed. It will be an unquestionable advantage for the medical school to be fittingly housed and equipped, and it is scarcely possible now to speak of it in these terms. Mr. Pye Smith's address to students contained a fair average amount of good and useful advice, and no doubt will be productive of excellent results.

THE INTRODUCTORY ADDRESSES.

REGARDED from the purely utilitarian aspect, the average introductory address has but little to commend it to favourable notice. As a rule, these flights of oratory take the shape of a more or less somnolent glorification of the profession, by the practice of which ninety out of every hundred of its followers only just manage, after the most wearisome drudgery, to pay house rent and clothe themselves, but which it is the duty of the introductory lecturer to paint in all the alluring colours his fancy and

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itself in the auditory canal, having the appearance of a polypus, and soon extended to the parotid region. He believed it to be of a recurrent character, and would undoubtedly prove fatal if something were not done. He had, therefore, obtained the consent of the parents to an operation, although he could not promise them that the result would be entirely satisfactory. The situation of the tumour rendered its removal a task of some difficulty, requiring very careful dissection, the operation occupying about fifteen minutes. The origin of the tumour was from the petrous portion of the temporal bone. On section it was found to be a myxoma.

From the two cases operated upon by Mr. Smith, the student could see how differently the operator has to act according to the region in which he has to use the knife. In the first case the operator could cut away fearlessly and rapidly, knowing that he was far removed from vessels of any magnitude, or structures of an important character. In the other, even such a quick operator and master of anatomy as Mr. Smith had to exercise the greatest caution in order to avoid wounding or damaging any of the great vessels and other important structures met with in the parotid region. In operating, both Mr. Baker and Mr. Smith adopt antiseptic precautions, but do not use the spray.

PRIZES IN THE MEDICAL SCHOOLS.

THE following are lists of the successful candidates for prizes in the Metropolitan Medical Schools during the session 1884-85:—

St. Bartholomew's Hospital.—Lawrence Scholarship and Gold Medal—W. G. Spencer. Brackenbury Medical Scholarship—W. J. Gow. Senior Scholarship in Anatomy, Physiology, and Chemistry—J. Wilkie. Open Scholarships in Science—B. Pierce, R. Pickard, and E. N. Reichardt (equal). Preliminary Scientific Exhibition—R. G. Elliott. Jefferson Exhibition—H. G. Cook and W. A. Murray. Kirkes Gold Medal—W. J. Gow; *proxima accessit*, W. G. Spencer. Bentley Prize (Surgical)—A. M. Gledden. Hichens Prize—E. H. Hankin. Harvey Prize—E. H. Hankin; 2, W. G. Williams; 3, G. Heaton; 4, J. G. E. Colby; 5 and 6, S. Blackman and T. J. Bokenham (equal); 7, R. Bird. Practical Anatomy, Junior—Treasurer's Prize, C. H. Roberts; 2, H. G. Cook; 3, D. T. Belding; 4 and 5, T. P. Jenkins and W. G. Willoughby (equal); 6, Hansby Maund; 7, J. G. Ogle; 8, H. A. Sylvestor; 9, W. F. Cholmeley; 10, C. E. R. Rendle; 11 and 12, C. E. Hutt and J. J. Macgregor (equal). Practical Anatomy, Senior—Foster Prize, C. S. Edwards; 2, A. Lucas; 3, J. Rust; 4 and 5, W. N. Evans and T. J. Lissaman (equal); 6, W. B. Lane; 7 and 8, F. M. Brown and H. Symonds (equal); 9, H. Huxley; 10 and 11, G. Heaton and J. E. Spencer (equal). Junior Scholarships—1, B. Pierce; 2, C. H. Roberts; 3, R. Pickard.

CHARING CROSS HOSPITAL.—Llewellyn Scholarship—Certificate and £25, W. L. Colborne. Golding Scholarship—Certificate and £15, R. E. Fasnacht. Governors' Clinical Gold Medal—W. J. Colborne. Pereira Prize—Certificate and £5, W. J. Colborne. Anatomy, Senior—Silver Medal, H. C. L. Arnim; Certificates, J. G. V. Sapp, E. A. Snape, R. B. Booth and A. W. Cooke (equal). Anatomy, Junior—Bronze Medal, A. E. Baker; Certificates, P. J. Duncan and A. T. Hott (equal). Physiology—Silver Medal, H. W. Clarke; Certificates, A. E. Baker and P. J. Duncan (equal), B. F. Jackson, F. M. Ludbrook, J. Mansbridge, J. P. Harold, A. Boulton, F. Grange. Practical Physiology—Silver Medal, G. O. Richards; Certificates, R. B. Booth, J. G. V. Sapp, R. May. Chemistry—Silver Medal, P. J. Duncan; Certificates, F. Grange, J. P. Harold, A. Boulton, H. W. Clarke, A. E. Baker. Practical Chemistry—Silver Medal, R. E. Fasnacht; Certificates, J. P. Harold, J. G. V. Sapp, G. O. Richards, A. G. N. Goldney, T. H. G. Wrighton and F. Gummow (equal). Medicine—

Certificate, L. E. Sexton. Practical Medicine—Silver Medal, A. W. F. Noyes. Surgery—Silver Medal, L. E. Sexton; Certificate, T. G. Williams. Practical Surgery—Silver Medal, W. J. Colborne; Certificates, H. P. Ziemann, G. P. Barton. Botany—Silver Medal, G. O. Richards; Certificates, R. E. Fasnacht and R. Bate (equal), J. P. Harold, F. Grange, W. H. Clarke. Materia Medica—Silver Medal, J. G. H. Carter; Certificates, J. P. Harold, J. G. V. Sapp, G. O. Richards. Midwifery—Silver Medal, W. J. Colborne; Certificate, F. O. Stedman. Forensic Medicine—Silver Medal, A. W. F. Noyes. Pathology—Silver Medal, A. W. F. Noyes; Certificate, W. J. Colborne. Dental Surgery—First Prize, £7 7s., F. S. Peall; Second Prize, £5 5s., L. E. Sexton; Third Prize, £3 3s., J. Mansbridge; Certificate, T. G. Williams.

St. George's Hospital.—William Brown £40 Exhibition and Certificate—G. F. Smith. Treasurer's Prize, £10 10s., and Certificate—A. Vernon. Brackenbury Prize in Medicine, £32 and Certificate—G. F. Smith. Brackenbury Prize in Surgery, £32 and Certificate—Mr. de Nyssen. Sir Benjamin Brodie's Prize, £6 and Certificate—R. Coombe. Henry Charles Johnson Prize in Anatomy, £10 10s., and Certificate—A. H. Ward. Sir Charles Clarke's Prize, £6 and Certificate—A. Jervis. George Pollock Prize in Physiology—£18 12s. 6d. and Certificate—H. Le C. Lancaster. Three Years' General Proficiency Prize, £10 10s. and Certificate—Mr. de Nyssen. Second Year General Proficiency Prize, £10 10s. and Certificate—H. Le C. Lancaster. First Year General Proficiency Prize, £10 10s. and Certificate—Mr. Le Cronier. Extra First Year General Proficiency Prize, £10 10s. and Certificate—H. Higgins.

KING'S COLLEGE.—Winter Session.—Warnford Prizes—E. P. Mariette and R. J. Stephens. Leathes Prizes—J. Penny and C. Naah. Anatomy—Prize, R. J. Carter. Physiology—Prize, R. J. Carter. Chemistry—Prize, A. Chunder Dutt. Medicine—Prize, G. F. Ewens. Clinical Medicine—Prizes, G. F. Ewens and T. W. Longmore (equal). Surgery—Prize, F. A. O'Meara. Clinical Surgery (Professor Wood)—Prize, P. R. Harris. Clinical Surgery (Professor Lister)—Prize, F. A. O'Meara. Comparative Anatomy and Zoology—Prize, H. S. Sandifort. Summer Session.—Tanner Prize—A. Lindon. Obstetric Medicine—Prize, F. W. Jollye. Forensic Medicine—Prize, P. H. Hensley. Materia Medica—Prize, H. A. Pope. Practical Chemistry—Prize, H. S. Sandifort. Botany—Prize, H. S. Sandifort. Pathological Anatomy—Prize, F. W. Jollye. Practical Physiology—Prize, T. B. Beach. Practical Biology—Prize, A. W. Lyons. Clinical Medicine—Prize, A. H. Cox. Todd Prize for Clinical Medicine, G. F. Ewens.

LONDON HOSPITAL.—Entrance Science Scholarships (£30): W. S. Fenwick; (£40) J. H. Sequiera. Buxton Scholarships (£30) H. M. Speechly; (£20) R. J. Williams. Hospital Medical Scholarships—£20 W. Rawes; Certificate, F. J. Smith. Hospital Surgical Scholarship (£20)—W. Rawes; Certificate, F. J. Smith. Hospital Obstetric Scholarship (£20)—W. Rawes; Certificate, A. Burrell. Duckworth Nelson Prize—W. Rawes; Certificate, F. J. Smith. Letheby Prize (£30)—C. R. Killik. Anatomy, Physiology, and Chemistry—£25 Scholarship, E. O. Ashe; Certificate, S. J. Cole. Anatomy and Physiology—£20 Scholarship, J. J. Coulton. Dressers' Prizes—£15 Prize, B. Walker. Dissection Prizes—1, S. J. Cole; 2, W. S. Fenwick; 3, J. J. Coulton; 4, C. R. M. Green.

St. Mary's Hospital.—Scholarships in Natural Science—£75, Mr. Holloway, Mr. Lewitt; £50, Mr. Graves, Mr. Hickley, Mr. Mack. Scholarship in Pathology—R. S. Anderson. Scholarships in Natural Science—£105 (for students of Epsom College), Mr. Gravely and Mr. Lewis (equal). Proseors—J. T. Bays, Mr. Graham.—Summer Session, 1884. First Year, Materia Medica—Prize, H. C. Barr; Certificates, J. T. Bays, S. Collier. Botany—Prize, W. B. Bettenley; Certificates, J. C. Barr, H. C. Barr. Practical Chemistry—Prize, J. C. Barr; Certificates, H. A. Kidd, W. B. Bettenley. Second Year—Midwifery—Prize, A. R. S. Anderson; Certificate, M. M. Bird. Medical Jurisprudence—Prize, A. R. S. Anderson.—Winter Session, 1884-5. First Year—Anatomy and Physiology—Prize, A. Lewers; Certificates, —Davis, —Lewitt, —Henvey, and —Kingston. Chemistry—Prizes, —Hickley and —Lewitt (equal); Certificate, —Severs. Second Year—Anatomy—Prize, H. C. Barr; Certificates, W. S. J. Graham, H. S. Collier, J. T. Bays, N. C. Ridley, and M. M. Bird. Physiology—Prize, —Symes; Certificates, J. T. Bays, N. C.

Ridley, M. M. Bird, W. S. J. Graham, H. S. Collier, and H. C. Barr. Third Year—Medical Prize, — Holloway. Surgery—Prize, — Holloway; Certificate, H. H. Norton. Practical Surgery—Prizes, J. J. Clark and — Holloway. Pathology—Prizes, J. J. Clark and — Holloway. Third and Fourth Years: Clinical Medicine—Prizes, G. N. Caley and G. Spear; Certificates, H. Tanner, — Maudsley, and — Facey. Clinical Surgery—Prize, R. Sleman; Certificates, — Batchelor, G. Murray, H. H. Norton, and W. Williams. Prize in Ophthalmology, £10 10s.—H. Tanner. Scholarships—First year, £20, J. T. Bays; Second year, £25, W. Williams; Third year, £30, H. Tanner.

MIDDLESEX HOSPITAL.—Broderip Scholarships—1. B. Lawson; 2. T. H. Williams; Governor's Prize, F. W. Clark and J. R. Gayland (equal). Hestley Prize—F. W. Clark. Exhibitions in Anatomy—J. Gordon. Lyell Medal—W. B. Cockill. Medicine—Prize, T. H. Williams; Certificates, F. C. Brodie, F. W. Clark. Surgery—Prize, C. J. Deyns. Pathological Anatomy—Prize, C. J. Tabor; Certificates, F. W. Clark, H. Bartlett and W. J. Spoor (equal). Practical Surgery—Prize, W. G. Naah; Certificates, W. B. Cockill, W. K. Sibley, W. H. Vickery. Anatomy—Prize, W. H. Charles; Certificates, F. R. Buswell, E. E. Lewis, G. C. B. Atkinson, R. F. Thomas, G. Seymour and W. G. Naah (equal). Physiology—Prize, J. Gordon; Certificates, T. H. Clarke, W. H. Vickery, A. Clark, W. G. Naah, W. H. Charles, C. F. Rilot.—Chemistry—Prize, J. K. Couch; Certificates, A. Clark, J. A. Hutton, H. C. Fox, F. C. Spurgin, T. W. Gann. Dissections—Prizes, R. H. Gilpin and E. E. Lewis. Midwifery—Prize, F. W. Clark; Certificates, W. H. Vickery, W. B. Cockill, W. K. Sibley. Forensic Medicine—Prize, F. W. Clark; Certificates, H. Bartlett, W. K. Sibley. Materia Medica—Prize, J. K. Couch; Certificates, J. A. Hutton, T. B. Hamlen. Practical Chemistry—Prize, J. W. Gill; Certificates, J. Ring, W. E. Jones, E. A. Falkner and J. A. Hutton (equal). T. W. Gann and H. G. Morris (equal). A. Clark, T. B. Hamlen and A. E. Watson (equal). Botany—Prize, A. Clark. Practical Physiology—Prize, J. K. Couch; Certificate, E. A. Falkner. Physiological Medicine—Prizes, F. C. Brodie and W. K. Sibley (equal); Certificate, F. W. Clark. Entrance Scholarships—First, E. A. Falkner; Second, H. B. Shepherd; Exhibition, A. Clark. Entrance Science Scholarship—J. Gordon.

ST. THOMAS'S HOSPITAL.—Summer Session, 1884. First Year's Students:—College Prize (£15) and Certificate, F. Fawcett; College Prize (£10) and Certificate, W. W. Ord; Certificates, C. W. Cooke, W. H. Cooper, G. R. Anderson, C. H. Eccles. Second Year's Students:—College Prize (£15) and Certificate, E. C. Stabb; College Prize (£10) and Certificate, H. J. Smyth; Certificates, J. D. Ballance, T. H. Godfrey, O. H. James. Third Year's Students:—College Prize (£15) and Certificate, S. H. Jones; College Prize (£10) and Certificate, J. S. Hutton; Certificates, S. A. Copeman, F. E. Nichol, K. Totanka.—Winter Session, 1884-85. Entrance Science Scholarships:—Scholarship (£100) and Certificate, F. C. Abbott; Scholarship (£60) and Certificate, C. J. Martin. First Year's Students:—The William Tite Scholarship (£30) and Certificate, F. C. Abbott; College Prize (£20) and Certificate, E. A. Roberts; College Prize (£10) and Certificate, T. P. Cowen; Certificates, H. Gerris, H. T. Turney, H. H. Hulbert, P. C. Thomas, G. E. Weary, A. J. Adkins; E. A. Stedman, F. Barker, A. N. Boycott, R. H. Tompsett, W. E. Roth, F. E. Forward. Second Year's Students:—Mugrove Scholarship (£42) and Certificate, F. Fawcett; College Prize (£20) and Certificate, C. H. Eccles; College Prize (£10) and Certificate, E. V. Solly and W. W. Ord (equal); Certificates, G. R. Anderson, H. H. Heffernan, C. H. James, E. Hobbouse, R. J. Langley, C. W. Cooke, H. C. Bristowe. Third Year's Students:—Second Tenure of Peacock Scholarship (£42), with College Prize (£20) and Certificate, H. P. Hawkins; College Prize (£15) and Certificate, H. J. Macevoy; College Prize (£10) and Certificate, J. H. Tonking; Certificates, H. J. Smyth, S. W. Wheaton. Anatomical Assistants:—Certificates, L. A. Bidwell, W. F. Brook, H. Duncan, E. C. Stabb, H. J. Smyth, S. W. Wheaton. Prosectors:—Certificates, H. C. Bristowe, C. W. Cooke, F. Fawcett, H. H. Heffernan, C. H. James, R. J. Langley, W. W. Ord, R. V. Solly. Assistants in Physiological Laboratory:—Certificates, E. H. Crisp, S. A. Copeman. Practical Medicine:—Mead Medal, F. D. Crowdy; Special Mention and Certificates, J. S. Hutton, A. A. Brookat, H. C. Kidd, A. J. H. Montague.

Surgery and Surgical Anatomy—Cheselden Medal, S. H. Jones; Special Mention and Certificate, F. E. Nichol. Resident Accoucheurs—Certificates, J. Orford, W. Hull, C. D. Green, G. D. Johnston. House-Physicians—Certificates, G. D. Johnston, F. F. Caiger, H. B. Robinson, H. W. G. Mackenzie, F. W. S. Stone and H. H. Lankester (non-resident). Assistant House-Physicians—Certificates, T. Scott, Y. Saneyoshi, R. Lawson, H. W. G. Mackenzie, R. M. Williams. House-Surgeons—Certificates, J. Orford, H. B. Robinson, W. Hull, C. D. Green. Assistant House-Surgeons—Certificates, H. D. Robinson, C. D. Green, R. Lawson, E. Belton, Y. Saneyoshi. General Proficiency and Good Conduct—Treasurer's Gold Medal, S. H. Jones. Special Mention—Qualified to receive the Medal, J. S. Hutton. Lewes Physiological Studentship—C. S. Sherrington.

UNIVERSITY COLLEGE.—Winter Session. Entrance Exhibitions—£100, H. Oaiger; £60, H. M. Fernando; £40, S. V. J. Brook. Atchison Scholarship (£60 per annum for two years)—R. Johnson-Atkinson. Morley Scholarship (£45 per annum for three years)—C. J. Arkle. Bruce Medal—R. Johnson. Cluff Prize (£15)—H. P. Dean. Practical Surgery—Krichen Prize, E. H. Thane. Physiology—Senior Class, Gold Medal, G. E. Rennie; Silver Medals (equal), C. H. Fernan and J. P. Parkinson; Junior Class, Silver Medal, H. M. Fernando. Anatomy—Gold Medal, G. E. Rennie; First Silver Medal, J. O. Tunstall; Second Silver Medals (equal), C. H. Fernan and J. P. Parkinson; Junior Class, Silver Medal, G. B. M. White. Medicine—Gold Medal, F. W. Burton; Silver Medals (equal), H. H. Brown, S. E. Holder and W. Permwau. Surgery—Gold Medal, R. Johnson; Silver Medal, E. H. Thane.—Summer Session. Chemistry—Gold Medal, W. M. A. Eccles; First Silver Medal, T. L. Pennell; Second Silver Medal, H. W. Picton. Practical Chemistry—Senior Class, Gold Medal, G. E. Rennie; First Silver Medal, J. Wilkie; Second Silver Medal, F. Savery. Organic Chemistry—Silver Medal, T. Baker. Materia Medica—Gold Medal, C. W. Jecks; First Silver Medal, E. Deanealy; Second Silver Medal, C. J. Weekes. Midwifery—Senior Class, Gold Medal, E. R. St. C. Corbin; Silver Medal, E. H. Young; Junior Class, Silver Medal, E. P. Frances. Pathological Anatomy—Filliter Exhibition of £30, H. H. Brown; Silver Medal, S. E. Holder. Physiology—Practical Histology, Gold Medal, C. F. Beadle. Histology—Silver Medal, G. B. M. White. Ophthalmic Medicine and Surgery—Silver Medal, E. R. St. C. Corbin. Hygiene—Silver Medal and Prize, A. Milne Robinson. Clinical Medicine—Fellowes Medals, Gold, E. R. St. C. Corbin; Silver, C. E. Adams; Junior Class, Fellowes Silver Medal, R. W. Young.

WESTMINSTER HOSPITAL.—Summer Session, 1884. Botany—Prize, H. Layng, Certificate, C. S. Vines. Materia Medica—Prize, G. J. Harris and H. Layng (equal). Histology—Prize, A. H. W. Hunt. Practical Chemistry—Prize, H. Layng; Certificates, A. H. W. Hunt, J. Forster. Pathology—Prize, W. A. Wells. Midwifery—Prize, F. J. Morgan. Forensic Medicine and Toxicology—Prize, F. J. Morgan.—Winter Session, 1884-85. Entrance Exhibitions—1 (Fence, £40 per annum), J. Dickenson; 2 (£40), G. T. James. Treasurers' Prize, for first Winter Subjects (£10 10s.), J. R. Plant. President's Prize, for Second Year Subjects (£21), A. H. W. Hunt and W. Powell (equal). Bird Prize (£15), A. S. Gubb. Clinical Medicine, F. J. Morgan. Clinical Surgery, F. J. Morgan. Anatomy Senior—Certificates, A. H. W. Hunt, W. Powell; Junior—Certificates, F. B. Betts, J. R. Plant. Physiology, Senior—Certificates, W. Powell, A. H. W. Hunt, C. S. Vines; Junior—Certificates, J. R. Plant, G. T. James. Histology—Certificates, W. Powell, A. H. W. Hunt, G. J. Harris. Chemistry—Prize, J. R. Plant. Medicine—Prize, F. J. Morgan; Certificate, A. Hardwicke. Surgery—Prize, F. J. Morgan.

NATIONAL DENTAL HOSPITAL AND COLLEGE.—Rymer Medal (not awarded). Dental Anatomy—Prize, G. Lombardi; Certificate, E. G. Carter. Dental Mechanics—Prize, A. C. Poole; Certificate, R. J. Lovitt. Dental Surgery—Prize, B. Douhwaite; Certificate, C. E. Tucker. Metallurgy—Prize, G. Lombardi; Certificate, J. Rymer. Operative Dental Surgery—Prize, E. C. Perks; Certificate, W. J. Fisk. Students' Society (Paper)—F. Wright; (Communications), F. Wright.

(To be continued.)

University, College, and Hospital Intelligence.

GUY'S HOSPITAL.

CHANGES IN THE STAFF.—S. Wilkes, M.D., F.R.S., has become Consulting Physician; and F. Taylor, M.D., is Physician. R. E. Carrington, M.D., and W. Hale White, M.D., have been appointed Assistant-Physicians. L. A. Dunn, M.B., is the new Demonstrator of Anatomy in place of Dr. Hale White. Mr. F. N. Pedley has been appointed Assistant Dental Surgeon; and J. H. Targett, M.B., Surgical Registrar.

ENTRANCE SCHOLARSHIPS, of 125 guineas each, have been awarded to Mr. H. W. Webber for Arts, and to Mr. F. W. Hall for Science.

ASSISTANT DEMONSTRATORS.—Messrs. A. E. Poolman and S. H. Pennell have been appointed to these posts.

VICTORIA UNIVERSITY, OWENS COLLEGE, MANCHESTER.

The following appointments have recently been made at the College:—To the Professorship of Greek—Mr. John Strachan, B.A., of Pembroke College, Cambridge, and Porsen Scholar and Chancery's Medallist. To the Professorship of Mathematics—Mr. Horace Lamb, M.A., F.R.S., late Fellow of Trinity College, Cambridge, and Professor of Mathematics in the University of Adelaide. To the Professorship of Anatomy—Mr. Alfred H. Young, M.B., F.R.C.S., To the Professorship of Obstetrics—Mr. C. J. Cullingworth, M.D., M.R.C.P. To the Lectureship in French—Mr. Victor Kastner, B. es L., late Professor of French in Queen's College, Cambridge.

GUY'S HOSPITAL.

COMMENCEMENT OF THE WINTER SESSION.—According to custom, the Winter Session was opened on the 1st inst., when a *soirée* was held, which was attended by a large company of Old Guyites and other friends of the hospital, the visitors being received by the Treasurer, Mr. E. H. Lushington. On the first floor of the College buildings were displayed a large collection of medical, surgical, and scientific instruments, among the exhibitors being Messrs. Down Brothers, surgical instrument manufacturers; Messrs. R. and J. Beek, J. Swift, and H. Crouch, opticians; and Messrs. Woodhouse and Rawson, electric light engineers. Electric batteries were shown by Messrs. H. and E. J. Dale. The new pathological museum and the anatomical museums were lighted by electricity, and thrown open to the visitors. During the evening, Messrs. Coote and Tinney's band performed a pleasing selection of music.

MEDALLISTS AND PRIZEMEN.—Not the least interesting part of the proceedings at the *soirée* on the 1st inst. was the distribution of the prizes to the successful competitors for the session 1884-85. The presentations were made by the Treasurer. The following is the list of awards:—*The Treasurer's Gold Medal for Clinical Medicine*: William Leonard Braddon, Upton-on-Severn. *The Treasurer's Gold Medal for Clinical Surgery*: John Wychenford Washbourn, Gloucester. *Gurney Hoare Prize for Clinical Study*: Letterstedt Frederick Child, Tunbridge Wells. *Beanes Prize for Pathology*: George Elliott Caldwell Anderson, Oudstroom, Cape Colony; William Henry Bowes, Herne Bay (*Proxime Accessit*). *MacKenzie Bacon Prize for Ophthalmoscopy*: Charles Drummond Muspratt, Clapham. *MacKenzie Bacon Prize for Nervous Diseases*: George Ezra Halstead, Balderton, Newark. *Michael Harris Prize for Anatomy*: Arthur Edward Poolman, Sydney, New South Wales. *The Burdett Prize for Hygiene*: William Leonard Braddon, Upton-on-Severn. *Fourth Year's Students*: John Wychenford Washbourn, Gloucester, first prize, £25; Frederick Lever, Epsom, second prize, £10; Sidney Wachter, Eddington, Canterbury, certificate; Edward Deane, Reading, certificate. *Third Year's Students*: Frédéric François Burghard, Kensington, first prize, £25; Herbert Vaughan Rake, Fordingbridge, second prize, £10; William Bett, Holbeach, Lincoln, certificate; Edward Petronell Manby, East Rudham, certificate. *Second Year's Students (Joseph Hoare Prizes)*: Ernest Henry

Starling, Bombay, first prize, £25; Guy Bellingham Smith, Lee, second prize, £10; George Herbert Pennell, Heavitree, Exeter, certificate. *First Year's Students*: Robert Devereux Mothersole, Colchester, Alfred Parkin, Hightown, Yorks. (equal), £37 10s. each; Ramsey Allan Bremner, South Norwood, certificate; Cecil Price-Jones, Surbiton, certificate. *Open Scholarship in Arts*: Henry Woolmington Webber, Plymouth. *Open Scholarship in Science*: Frederick William Hall, Lewisham.

QUEEN'S COLLEGE, BIRMINGHAM.

Birmingham has lost one of its best men in our profession in the Midlands, one of its most honoured seniors, by the death of James Russell, Esq., M.D. Lond., F.R.C.P., J.P. The descendant of an old unitarian family, and the son of a leading general practitioner of his day. Dr. Russell received his medical education at King's College. He was ever after a student and a teacher. Besides several minor medical appointments he was for 25 years full physician to the Birmingham General Hospital, and for nearly as long lecturer on *Materia Medica* and Professor of Medicine in the Sydenham and Queen's Colleges. He was elected to the chair of all the local medical societies, was a painstaking writer, and a consultant in leading practice. Kind and courteous to everyone, he was universally beloved, especially by his students, who were preparing a testimonial for presentation to him. His health would not allow of the presentation, and when he heard of the intention, he dictated these words to his daughter:—"To the Students of the Birmingham Medical School—My association with the medical students was always one of the chief enjoyments and satisfaction of my life. I have formed amongst them many valuable friends. I know very well how very imperfect my teaching has been. If I had to do it over again I could do it much better. The kind feeling of the students has been continuously shown to me. I well remember when a vacancy at the hospital was declared, that all my friends were away. I felt utterly deserted for that day. I knew the immense importance for immediate action. I almost gave it up in my mind, but I bethought me of Sydenham College. I went down, and in the course of a couple of hours I was surrounded by young and active friends, and they stuck to me to the last. I am not aware of any quarrel with more than two of my students, and both of them became most active supporters of mine in the election. I wish I could recall half my valuable clinical clerks, and thank them; but I cannot. I can say no more. I have dictated this under great straits. I thank them all most fervently for their good feeling and their address. I have no breath for more.—55, Calthorpe Road, Oct. 1, 1885."

Medical News.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, September 24th, 1885:—S. M. Hay, Moorefield, Ontario, Canada; E. H. Young, 13, St. John Street, Stamford, Lincolnshire.

VACANCIES.—Hospital for Consumption and Diseases of the Chest, Brompton. Resident Clinical Assistant. Applications by October 17th.—North-Eastern Hospital for Children, Hackney Road, E. Resident Clinical Assistant and Registrar. Salary, £70 per annum. Applications by October 10th.—Owens College, Manchester. Professor of Physiology. Applications by November 9th.—Ripon Dispensary. Resident House-Surgeon and Dispenser. Salary, £100 per annum. Applications to F. D. Wise.—Royal London Ophthalmic Hospital, Blomfield Street, Moorfields, E.C. House-Surgeon. Applications by October 12th.—St. Mary's Hospital. Physician-Accoucheur. Applications by October 12th.—St. Mary's Hospital, Physician-Accoucheur. Applications by October 12th.—Stockton Union. Medical Officer and Public Vaccinator. Applications by October 17th.—Taunton and Somerset Hospital. Honorary Physician. Applications by October 14th.—Westminster General Dispensary, 9, Gerrard Street, Soho. Resident Medical Officer. Salary £100 per annum. Applications by October 12th.

APPOINTMENTS.—Francis Johnston, M.B., O.M., Univ. Glasgow. Senior House-Surgeon to the Liverpool Northern Hospital --William Robinson, M.D and M.S. (Dunelm), M.R.C.S.Eng., Medical Officer to the Workhouse, District Medical Officer, Medical Officer of Health, and Public Vaccinator to the Stanhope District of the Weardale Union.—M. J. Symons, M.D.Ed., Honorary Ophthalmic Surgeon to the Adelaide Hospital, South Australia.

Notices of Books.

JAMES'S GUIDE TO THE NEW PHARMACOPŒIA.*

WITH commendable promptitude, Dr. Prosser James has published a Guide to the New Pharmacopœia, by which can be seen at a glance the changes which have been introduced, and an account of the newly-recognised preparations, their characters, uses, and modes of administration. The author has not simply given a catalogue of alterations; in many instances he has given a lengthy therapeutical commentary, and discussed the respective merits of the new remedies with all the force and authority which an extensive use of many of them, long before they obtained official recognition, enable him to command. Both student and practitioner will find this little work of the greatest value in making them familiar with many new points in materia medica and in therapeutical practice, which will be of considerable value at the examination table and for reference in the consulting room. It will not detract from the merits of the author if we suggest that the work is worthy of better paper and binding, which would go far to deprive it of its present amateurish appearance.

Correspondence.

THE BRADLEY FUND.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—Please acknowledge the following contributions in the next issue of your Journal. And as it has been decided to close the subscription list on Monday, the 26th day of October, I shall be glad if those gentlemen who have not already paid their subscriptions would kindly forward me their cheques as soon as convenient.

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Mr. Alfred Willett, 36, Wimpole Street, W.	2	2	0
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(2nd donation)	1	1	0
Mr. Malcolm M. McHardy, 5, Saville Row, W.	2	2	0

I remain, yours faithfully,

RICHARD JEFFREYS.

Eastwood House, Chesterfield.
October 7th, 1885.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS, Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post Office Orders are to be made payable at the Charing Cross Post-office.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

* A Guide to the New Pharmacopœia, by Prosser James, M.D., Lecturer on Materia Medica and Therapeutics at the London Hospital, &c., &c. London: J. and A. Churchill, New Burlington Street.

MR. JOHN GRIFFITH.—Yes, the terms of subscription remain the same as before, and may be paid half-yearly, in advance. We shall be glad to see your prognosis verified.

J. C. S.—In a capital little work, entitled "The Young Doctor's Future, or what shall be my practice," the author, Dr. E. Diver, gives a very complete account of the openings to professional life, including the Services. It is published by Smith, Elder, and Co. From it, and from the regulations issued from the Army Medical Department, you ought to gather all necessary information. We shall be very glad to receive accounts of the Ambulance Corps' proceedings, and trust you will yourself supply us with them.

MR. G. R. FORTUNE.—We shall be very glad indeed to accept your services in the capacity named, and beg you to accept our best thanks for the offer.

SOME PRESENT STUDENTS.—Accept our congratulations. It is quite clear our strictures lent a needed stimulus to your endeavours.

P. D.—We are very pleased to hear from you again, and hope you may be able to continue your studies during the winter. Thanks for extract *re* the worms. The parasite referred to is the chigoe, the treatment of which has made very little advance beyond that referred to in the work you mention as practised 200 years ago.

MR. DRAKE-BROCKMAN.—Many thanks for letter and kind wishes.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Mr. Geo. Roy Fortune, Glasgow; Some present Students of Guy's Hospital; J. C. S., Edinburgh; Mr. F. R. Lathbury, Camden Town, N.W.; Mr. John Griffith, London; Mr. H. S. Wellecome, London; Mr. E. Gamgee, Birmingham; Mr. Edridge Green, St. Bartholomew's Hospital; Dr. Armand Semple, London; Dr. A. C. Maybury, London; Mr. T. Law Webb, Ironbridge; Dr. F. Pollock, Glasgow; Mr. G. S. McLaughlin, Newcastle-on-Tyne; Mr. John D. Williams, Edinburgh; Mr. H. E. Drake-Brockman, London; Mr. Charles B. Humphrys, Mount Vernon, Glasgow; Dr. R. Jeffreys, Chesterfield; Dr. J. Brindley James, London; Mr. A. R. F. Evershed, Guy's Hospital; Mr. Harry Watts, London Hospital; Mr. E. Mc'K. Williams, London, &c., &c.

BOOKS, PAPERS, &c., RECEIVED.—Transactions of the Willan Society, Vol. I. (Harrison and Sons)—Pharmacy, Materia Medica, and Therapeutics, by Dr. Whitta, 3rd edition (Henry Renahaw, Strand, W.C.)—Guide to the B.P., by Dr Prosser James (Churchill, New Burlington Street)—British Medical Journal—Medical Press—Medical Times—New York Medical Record, &c., &c.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., and the Publishers will forward the letters in reply. Three insertions for the price of two.

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WOOTON's Guide to the Medical Profession (Macmillan and Co.), 3s.; Matthews Duncan on the Mechanism of Natural and Morbid Parturition, 4s. 6d.; Harris and Power's Manual for the Physiological Laboratory, second edition, 3s. 6d. The lot post free, 10s. n65

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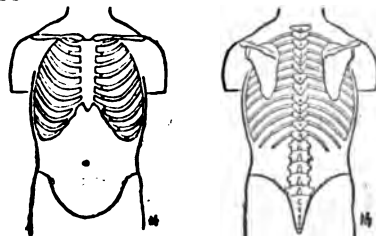
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Notes by the Way.

FOR making love commend me to an Irish medical student. I have known many in my time, and they have all been inveterate love makers. And, ill-favoured as some of them were, their successes in this direction were far and away beyond those of their efforts at "College" examinations. But it is not every Irish student that meets with the success which has attended the love adventures of Mr. Patrick John Kavanagh, who figured last week at the Worship Street Police Court, to answer a charge of having fraudulently detained out of the custody of her father, David William Wilson, Miss Kate Florence Geraldine Wilson, who is under twenty-one years of age, a ward of Chancery, and entitled to a reversion of £5,000. Mr. Kavanagh, who is twenty-six years of age, had no difficulty, it appears, in winning the heart of the young lady, but the terrible father stood in the way of their marriage. They solved the difficulty in the usual manner—elopement, and then perfect happiness, until the enraged father appeared on the scene with the blue-coated representatives of the law, who dragged the gallant Mr. Kavanagh away from his sweet Kate to languish in the cells of a police-station. At first the case assumed a very serious aspect, and the young Irishman was remanded, bail being refused; but, on the second appearance before the magistrate, the prosecuting solicitor stated the desire of the young lady's papa to withdraw from the prosecution, arrangements having been made that the erring couple should be married forthwith. The magistrate consented to the discharge of the prisoner, remarking that he thought it would be the best ending of the case; what had been done could not be undone, and he hoped the prisoner would fulfil his promise, and marry the young lady.

THE story of their love adventures is quite as romantic as those which do duty in novels. Miss Wilson, whose home is at Tunbridge Wells, was some few weeks ago visiting Ireland with her parents. During their stay in Dublin, Miss Wilson attracted great attention, and offers of marriage were made to her by two or three gentlemen, who were rejected. With Mr. Kavanagh the case was different. It was, he says, "love at first sight;" but he dared not ask the father's consent, as the other gentlemen who had taken this course had been peremptorily refused, and he could only expect similar treatment. When Miss Wilson and her parents returned to England, Mr. Kavanagh followed; but had to be exceedingly cautious in order to keep out of sight of the parents. He managed, however, to communicate with the young lady, and had two or three interviews with her, in the course of which the elopement was planned for one evening when Mr. Wilson was away at Brighton. The young lady herself was, it is said, very strictly confined, and had a servant always with her. Moreover, attempts had been made to get her to enter a convent, but that she had resisted. Leaving the house at about eleven o'clock on the night of Friday, the 11th ult., when she was sup-

posed to be in bed and asleep, Miss Wilson met her lover, and they walked across country to take a morning train to London. The night after, they slept at a small hotel or coffee-house in the City Road, and afterwards spent a few days at the South Place Hotel, Finsbury, where they passed as husband and wife. They then went to Scotland, where they tried to get married, but found they would have had to reside three weeks in the district of the registrar before the knot could be tied. They afterwards proceeded to Dublin, where the police apprehended the lover, and brought him back to London. All's well that ends well, and we can only hope that their married life will be both happy and prosperous.

MEDICAL men who have often had to give evidence in the police or coroner's-court, must have often experienced a feeling of disgust at being compelled to kiss the dilapidated and greasy volume which usually does duty in the ceremony of taking the oath. Some medical men, I observe, instead of following the common practice of kissing some portion of the well-fingered, filthy cover, open the book and merely touch with their lips one of the cleanest looking leaves. But at Middlesborough recently, Dr. Strathern declined to take an oath on the ground "that it was a very serious thing to kiss a book which was handled by all kinds of people." After some argument, the doctor offered, by way of compromise, to kiss the book if a clean sheet of paper were placed over the cover. The Bench declined to accede to this, or to allow the doctor to make an affirmation, and eventually he consented, under protest, to "run the risk of catching disease." In future Dr. Strathern would do well to carry an unsold testament in his pocket for his own particular use, when required to take an oath.

A REMARKABLY intelligent rabbit is now among the inmates of the Physiological Laboratory in Paris. Professor Laborde writes to the *Revue Scientifique* that the animal was recently bought for the purpose of experimenting on it, and after it had been operated upon was allowed to run about the laboratory when recovered from the effects of the operation. It became deeply attached to M. Laborde, going to the head of the stairs to meet him of a morning, and demonstrating, in a remarkable manner, its affection. Whenever an operation is going forward, the rabbit will sit on the table watching, with every appearance of interest, the proceedings. Its chief delight, however, is in microscopical examination. So soon as M. Laborde puts his eye to the microscope the rabbit perches on his shoulder, diligently endeavouring to take a look through the instrument. For dogs in the laboratory it evinces a marked friendship, provided they are frequenters of the place; but if a strange dog arrives the rabbit will turn out the intruder, and keep up the chase until the street is reached. This rabbit would be a very suitable stable companion for Mr. Lubbock's dog, which has been taught to read English when writ large.

A NEW disease, which may be termed electric cholera, has made its appearance in Spain. Last

week a violent thunderstorm passed over the town of Ecija, in the province of Seville, and two hours after it had ceased upwards of three thousand persons were attacked by diarrhoea and vomiting, and all the symptoms of cholera. Two thousand more were attacked the day after. All these persons were completely prostrated for twenty-four hours, but recovered without any deaths occurring among them.

"An English Visitor" to Davos-Platz, writing to *The Times* recently, cautions invalids against being deluded by the exaggerated laudatory articles and pamphlets which are in circulation respecting the cures which are attributed to the climate of the place. He writes:—"Of the many patients with whose cases I am familiar leaving Davos as 'cured,' or 'greatly improved,' as recently as four years ago, I know of only four who have stood the test of English life down to the present time." All the other cases have succumbed. He, therefore, concludes that to give invalids an idea that residence for a winter or two at Davos will cure them, is to raise hopes, that, in most cases, will be disappointed. English doctors will do well to speak with caution in extolling Davos-Platz as a residence for consumptives.

At the last meeting of the Guy's Physical Society, a handsome cup, presented by the Students of the Hospital, was handed to Dr. Wilks, on his retiring from the post of physician to the hospital, together with a testimonial containing a large number of signatures. Dr. Wilks made a touching reply in accepting the gift, and with loud cheers, the meeting was dissolved, after the usual vote of thanks to the reader of the paper.

An anonymous correspondent of the *Medical Times* gives the following hints, evidently derived from personal experience, which may be of extreme value to those who have a tendency to prolapse of the rectum. The writer says:—"There are two objects to be attained: to reduce the frequency of evacuation in order to give rest from straining, and to increase the bulk to be expelled. The daily effort over a few nut-like morsels is the cause of all the mischief. These efforts must be reduced, and the bulk at the same time increased, for the expulsion of bulky, well-formed faeces is no trouble, whilst that of small lumps is exceedingly difficult, and the great straining required causes the progressive advance of the disease. Thus, the indications are plain: give rest and obtain such a bulk as can be laid hold of by the bowel and expelled without undue force. I have tried this management for the last fifteen months with much advantage. After defaecation the bowel should always be neatly returned with the finger, which may be guarded with soft paper." These ideas are somewhat opposed to those of many eminent physicians and surgeons, but if relief is obtained by less frequent evacuation, sufferers will not be slow to try the above method, medical authorities notwithstanding.

PERIPATETICS.

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AIDS TO OPHTHALMOLOGY.

By C. FRED. POLLOCK, M.D., F.R.C.S.E. Surgeon, Anderson's College Dispensary, Formerly Assistant Physician, City of Glasgow Fever Hospital, Belvidere; Demonstrator of Ophthalmology, Glasgow University; Demonstrator of Pathological Histology, Glasgow Western Infirmary.

(Continued from page 312.)

REFRACTION.

The following conditions occur:

Emmetropia (E); eye normal; images focused on retina.

Presbyopia (Pr); loss of accommodation; loss of sight, old sight.

Ametropia; eye with error of refraction.

1. Myopia (M): eye too long (axial), or media too refractive (refractive); parallel rays from distant objects focussed in front of retina. Short sight, near sight.

2. Hypermetropia (H): eye too short (axial) or media not sufficiently refractive (refractive); parallel rays focussed behind retina.

3. Anisometropia; unequal refraction in the two eyes.

4. Astigmatism (As); eye with asymmetrical refraction, i.e. different refraction in different meridians.

Presbyopia.

Result of age; first perceived about 45 years; near point beyond eight inches, e.g. book held beyond this.

Treatment; convex glasses to suit patient for near vision, say for reading at eight inches. This is about 1D for every five years after 40 e.g.

Age 45 50 55 60 65 70 75 80

Dioptries 1 2 3 4 4.5 5.5 6 7

No. of glasses in inches } 36 18 12 9 8 6½ 6 5

If there is M or H, correct this before correcting Pr.

Myopia.

Symptoms;

a. With low degrees distant objects are indistinct; with high degrees distant objects are not seen. Distant objects viewed with partly closed eyes. Objects seen when held near face. It generally begins about 10 years of age, may be stationary or progressive. Sometimes there is intolerance of light, aching of eyes, muscular volitantes, spasm of accommodation, divergent squint, or posterior staphyloma.

b. Concave glasses restore distant vision; weakest glass gives measure of M, e.g. 40 inch glass required = M 40.

c. Reading type, which should be read at 10 inch distance, read only at 5, 6, or 7 inches indicates M 10, 15, 20, etc.

d. Ophthalmoscope;

Direct; in high degrees retinal vessels seen at distance, inverted and therefore move in opposite direction to movement of surgeon's head. Fundus not seen close to eye, except in low degrees, which may be estimated with weakest concave lens behind sight-hole, which makes fundus clear.

Indirect; image of disc small, enlarges as lens is withdrawn.

Retinoscopy; reflection from fundus faint; shadow moves in same direction as mirror, the higher the degree of M the slower and shorter the movement. Refraction can be estimated by weakest concave lens behind sight-hole, which makes shadow indistinct.

Treatment;

Weakest spectacles, which restore distant vision. This may make near objects too small, therefore give slightly weaker glasses than correct all the M. For near vision correct about $\frac{1}{2}$ M; in high degrees correct less than $\frac{1}{2}$ M; low degrees do not require correction. Remaining M can be corrected by eye glass for distant vision.

Helps; good light, good print, head held up, rest eyes at intervals.

Hypermetropia.**Symptoms;**

a. All vision indistinct, without excessive accommodation. Excessive accommodation may conceal H = latent (H l); this is rare after 30 years of age. Low degrees may not become manifest (H m), till 25 or 30 years of age. Total H = manifest + latent. With weak accommodation there is "weak sight," (Asthenopia); aching, watering, fatigue, objects dim after using eyes, conjunctival congestion, head-ache. Spasm of ciliary muscle may occur. H is congenital and stationary. There is sometimes convergent squint.

b. Convex glasses render vision distinct; strongest glass gives measure of H. To detect H l use atropine daily for two or three days before examination, to paralyse the ciliary muscle.

c. Ophthalmoscope;

Direct; vessels seen at distance, not inverted, and therefore move in same direction as movement of surgeon's head. Fundus seen close to eye. Degree of H may be estimated by strongest convex lens behind sight-hole, which makes fundus clear.

Indirect; image of disc large, becomes smaller as lens is withdrawn.

Retinoscopy; reflection from fundus faint; shadow moves in opposite direction to mirror, the higher the degree of H the slower and shorter the movement. Refraction can be estimated by strongest convex lens behind sight-hole, which makes shadow indistinct.

Treatment;

Spectacles, which correct total H. If this proves disagreeable, only correct H m at first.

Use glasses constantly for squint and for high H in children; use them only for near vision in

moderate H of young adults. If there is Pr also, two glasses are required; one correcting H m for distant vision, one correcting H m and Pr. for near vision.

Testing for M and H with trial lenses.

Place patient at 20 feet from test type No. XX; then—

a. Letters read without glasses = not M
 b. With + glass (e.g. 60 in.) vision worse } = M
 " — " " " " better }
 c. " + " " " " { better } = H m
 " — " " " " { or not }
 " — " " " " { worse }
 d. " + " " " " worse } = E or H l
 " — " " " " not better }

e. Atropine, and then—

Letters read without glasses = E
 With + glass (e.g. 60 inch) vision better = H l

Having found M, measure by determining weakest lens, which corrects.

Having found H, measure by determining strongest lens, which corrects.

Having found M or H, which cannot be entirely corrected, suspect compound astigmatism.

Testing M and H with ophthalmoscope.**Direct method.**

Mirror close to patient's eye.			Mirror at distance.	
Without lens.	With + lens.	With - lens.	Fundus	On moving head, vessels move in
E fundus.. clear	.. blurred	.. —	not seen..	—
M " .. not seen	.. not seen	.. seen	seen	{ opposite direction
H " .. seen	.. clear	.. —	seen	{ same direction

Indirect Method.

On gradually withdrawing lens from eye:

E | disc remains same size.
 M | " appears larger.
 H | " appears smaller.

Retinoscopy;

	Illumination.	Rotate mirror, shadow moves in	Shadow removed on adding behind sight-hole
E	bright	opposite direction	— lens
M	feeble	same "	— lens
H	feeble	opposite "	+ lens

(To be continued.)

NOTES ON ANATOMY.

By G. M. DARTNELL, L.R.C.S., &c.

(Continued from page 248).

THE LOWER EXTREMITY.**SUPERFICIAL VESSELS OF GROIN.**

The following are the branches of the femoral artery with their accompanying veins:—

1. Superficial epigastric artery.
2. Superficial circumflex iliac artery.
3. Superior external pudic artery.

THE SAPHENOUS OPENING (EXTERNAL FEMORAL RING.)

This is an oval opening, half an inch wide, beneath the superficial fascia, produced by a splitting and folding of the fascia lata.

Outer border—Formed by the Iliac portion of fascia lata.

may boast of being members of the oldest Hospital in London.

In the British Museum is a manuscript, written a few years after Rahere's death, by one of the monks of the Priory of St. Bartholomew the Great, and devoted almost entirely to the life and acts of our founder. From this we learn that Rahere was born of low lineage, but in his youth he haunted the houses of noblemen, and even the King's palace (Henry I.), where the inferiority of his birth was probably overlooked for the sake of the brilliancy of his social gifts. He is often referred to as the king's minstrel, or even jester, probably erroneously, for his position seems rather to have been that of Court favourite.

Repenting of his follies and sins, he went to Rome, where, being grievously sick, and deeming his last hour nigh, he vowed that if God would grant him his health he would return to his country, and there found an hospital, wherein he might minister to the necessities of the poor. His vow was heard; he recovered; and, in a vision, St. Bartholomew appeared to him by night, and commanded him to found a church in his name at Smithfield, in the suburbs of London. He returned thither; the King approved his design, and the church was founded in March, 1113, while the "hospitable house" was erected a little way off.

Smithfield was at that time a marsh, with the public gallows standing in the only dry spot, and it was no easy task to build there. Rahere took advantage of the superstition of the age, and feigning himself an idiot, obtained the help of children and servants in collecting building materials; by his preaching he brought in further contributions, and thus the work was completed, many miracles of healing bringing fame and gifts to the church. The King confirmed his previous grant by a charter, which gave full liberty and great privileges to the Priory and Hospital.

Rahere died, after having been Prior 22 years and six months, and was buried in his own church, of which only the choir now remains.

The lying-in and sick wards of a parish work-house of the present day would probably represent more nearly the condition of the Hospital for some centuries after its foundation than any departments of a modern Hospital. Not much of its plan and extent is known for several generations, and after restorations, one of which was undertaken, at his own cost, by Richard Whittington, Lord Mayor of London, in 1423.

Smithfield was noted as a place for tournaments, and it is probable that many a dismounted knight has been taken within the friendly shelter of the Hospital, where his bleeding wounds would be staunchened with red-hot irons and boiling pitch, by the priestly house surgeon and dresser of the period.

It is known that Wat Tyler was carried into the Hospital after his conflict with Walworth, the Mayor, in Smithfield. The cattle-markets and horse-fairs, and the great annual fair at St. Bartholomew-tide, would also probably provide plenty of surgical cases

in the early, as they certainly did in the later, stages of the Hospital's existence.

At the Reformation, the Priory and Hospital of St. Bartholomew did not escape the general downfall of Monastic Institutions, and the ecclesiastical part disappeared without much regret. But with the Hospital the case was different, and in 1537 Sir Thomas Gresham, with the Aldermen and citizens of London, begged the King to grant them the governance of the Hospitals then existing in London. In 1544 letters patent were issued, vesting the governance of the Hospital in a Master and four Chaplains, but its possessions were not re-granted. This attempt was naturally a failure, and, about two years later, the King consented to grant to the Corporation of the City a new Charter, by which the Hospital should be re-founded for the reception of 100 poor and sick, and to endow it from its former possessions to the extent of 500 marks per annum, on condition that the citizens should be bound to give a like sum yearly. Thus the second foundation of the Hospital came about, and we call King Henry VIII. the second founder.

In the reign of Edward VI., a Preface, with an account of the Rules and Regulations of the Hospital, was published in reply to certain slanders which had been spread abroad. This was reprinted in the last volume of our Hospital Reports. The Governors of the new Foundation were a President, four Surveyors, four "Almoisers," the Treasurer, and two "Scrutineers." The officers were—the Hospitaller, the Renter-Clerk, the Baker, the Porter, the Matron, twelve Sisters, and eight "Byddels." There were also three Chirurgeians, and a minister named the "Visitour of Newgate."

The earliest separate engraving of the Hospital, as far as is known, was published in 1720 in Stow's Survey of London; it then consisted of two small quadrangles, instead of one large one.

Mr. Morrant Baker afterwards exhibited in the Library a collection of nearly forty engravings relating to the Hospital.

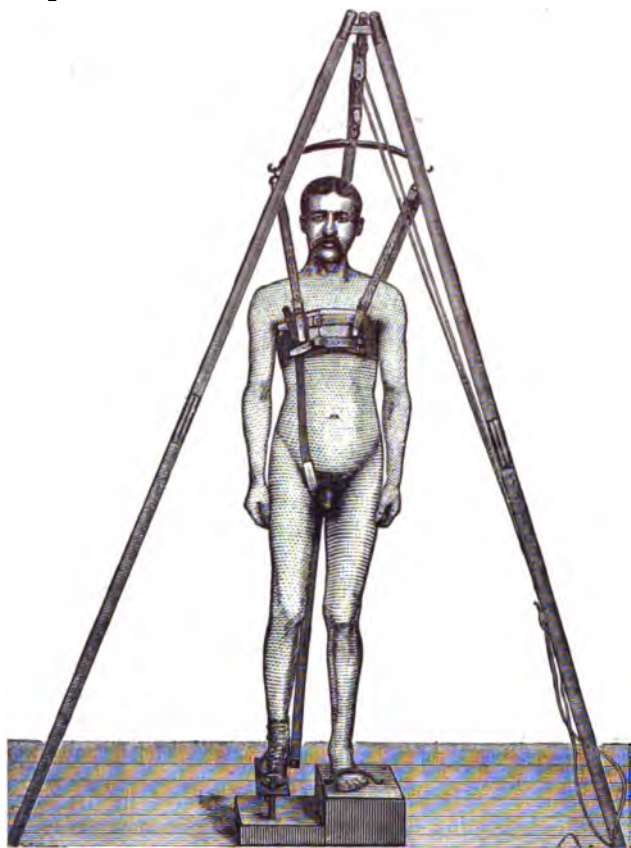
A NEW APPARATUS FOR THE IMMEDIATE APPLICATION OF THE PLASTER OF PARIS SPLINT IN FRACTURES OF THE SHAFT OF THE FEMUR.

Suggested by ED. COTTERELL, M.R.C.S., L.R.C.P., Lond.

The satisfactory method of treating fractures of the shaft of the femur in children by means of the immediate application of the plaster of Paris bandage, has led me to devise an easy means of applying this efficient mode of treatment when we have to deal with a case of fracture of the thigh occurring in an adult.

The apparatus which I have contrived is a modification of Sayre's suspension apparatus, and has been manufactured for me by Messrs. Maw, Son, and Thompson, who have carefully carried out my instructions. It consists of a tripod with a cross bar and pulleys similar to Sayre's; the counter exten-

sion is made from the axillæ by means of a broad padded leather chest belt, and by a perinial band fastened to the same. The extension is made from the foot by means of a boot fastened to an iron foot plate, which rotates by means of a screw, and which can also be extended by similar means. The sound leg rests upon a step formed by the box, in which all the apparatus except the tripod will easily pack.



The method of using this apparatus is as follows :—Whilst the patient is lying down the belt can be applied to the chest, and the step being placed under the centre of the tripod, the patient is carefully lifted so as to rest his sound foot upon the step, leaving the injured one hanging over the side, but being held steady by an assistant. The cross bar is now lowered and attached to the chest belt by means of the straps, and then by pulling the cords the patient is to be supported but not raised from his sound leg. The foot piece being raised to its full height, is now fastened on to the foot of the injured limb, by means of the boot which has been previously fastened to the lid of the box by thumb screws. Should there be any rotation outward of the lower fragment, this can be remedied by rotating in the boot, to the sole of which is fixed a screw arrangement for this purpose. Having got the foot into position, with plenty of extension, the length of the two limbs should be measured from the anterior superior iliac spine, to the lower border of the patella, and any shortening may be remedied

either by tightening the perineal band, or by the extension screws attached to the foot plate. When the limb is judged to be in accurate position, a roller of flannel should be applied to the limb and pelvis, padding the ischial and femoral tuberosities with a little cotton wool. The flannel should be begun just above the boot and carried well over the pelvis. The plaster should now be carefully applied over the flannel. In order to strengthen the part over the groin and at the seat of fracture, slips of tin should be included in the bandage over these parts. When enough plaster is judged to have been laid on, and the splint is well set, the foot piece and perineal band may be removed, and the patient laid in a recumbent position, care being taken not to break the newly-set plaster.

This immobile apparatus should be worn for about six or seven weeks, the patient meanwhile getting about on crutches, having a patten, about four inches high, placed on the boot of the sound leg.

New Inventions.

BECK'S STAR MICROSCOPE.

For several years past, we have suggested that our English opticians should bestir themselves to meet the competition of the Germans in regard to the cheaper microscopes for the use of students, but we regret that, until recently, the Continental makers have been allowed to have the field much to themselves, with the result that nearly all the microscopes used at the histology classes are of foreign manufacture. One can readily understand that the makers of the best instruments desire to keep up their prices, and it is generally admitted that the best English made lenses are not equalled by those of foreign workmanship; but unless protected by an import duty, English makers must reduce the price of students' microscopes, or allow the trade to slip out of their hands altogether. We are pleased to learn that Messrs. R. and J. Beck, the eminent opticians, of Cornhill, have recognised this fact, and have recently introduced an instrument, to which they have given the name "Star" Microscope, which is, as has been demonstrated to us, not only an efficient instrument, but is a marvel of cheapness. The base of the stand is of iron, of a pattern which has been proved to secure extreme stability, the other portion being of brass and nickel-plated, so as to resist the corrosive action of the atmosphere. The object glasses are affixed by the universal screw, so that the owner of the stand may be free to use any objectives he may require. There is, in addition, an iris diaphragm, a piece of apparatus which all workers with the microscope will appreciate. The fine



adjustment is on a principle which has not commonly been used in this country, and which combines great delicacy of movement with simplicity and economy. The lenses are all carefully tested, so as to ensure in every instance that accuracy of definition for which Messrs. Beck's objectives are so justly celebrated. The cheapest form with two objectives (1 in. and $\frac{1}{2}$ in.) can be obtained for £3 3s.; while a superior instrument with a $\frac{1}{2}$ in. and $\frac{1}{4}$ in. objective, with a rack-and-pinion coarse adjustment, and two eye-pieces, sufficient for the ordinary needs of medical students, can be obtained for £5 5s. Many will, no doubt, wonder how such beautifully finished and perfect instruments can be produced at the price, and others will deplore the necessity which compels English tradesmen to work for next to nothing. But although in this particular instance the profit on each instrument may be infinitesimal, it is as well to remember that in this age of keen competition, it is a

great thing to secure the early patronage of those who, later on in their career, will be extensive buyers of higher class goods, and in this way, we have no doubt, Messrs. Beck will ultimately be amply repaid for the enterprise they have shown in meeting the wants of the thousands of British and Irish students who are buyers of microscopes.

New Remedies and Dietetics.

BYNIN OR LIQUID MALT.

Among the new medicinal and dietetic agents recently brought before the notice of the profession, a foremost position must be given to the liquid extract of malt, to which the manufacturers, Messrs. Allen and Hanbury, have named "Bynin," from *Bryn*, malt.

In practice, it is found that many persons are unable to take the ordinary malt extract, on account of its viscosity or treacle-like consistence, which renders it both difficult to handle and objectionable to swallow. In "Bynin" these drawbacks to the use of malt have been entirely overcome, and Messrs. Allen and Hanbury have succeeded in producing a substance which not only possesses in a high degree the strengthening, nutritive and diastasic properties of the best malted barley, but it has the further important merit, especially when prescribed for children, of being pleasant to take. Of the merits of malt extract as a medicinal agent in the treatment of various forms of dyspepsia, debility and wasting diseases, especially those arising from imperfect assimilation of food, it is unnecessary to speak here. They have long been recognised and acted upon by the medical profession, and in introducing a form of the remedy which overcomes the objections which have hitherto limited its use, Messrs. Allen and Hanbury have conferred a distinct benefit, both on the profession and their patients. We have given the preparation a good trial, with excellent results, and moreover, can speak very highly of its keeping powers.

NOTICES.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, OCTOBER 17, 1885.

EDITORIAL AND PERSONAL.

At the Charing Cross Hospital Students' Dinner last week, Dr. Mitchell Bruce, the Sub-Dean, stated that the entry of new Students this session had been the largest ever known in the history of the Medical School.

THE altar of a church would seem to be a very unsuitable site to be selected by a would-be suicide as the scene of his attempt at self-destruction; and yet such an unusual situation was selected a few days ago by a man who proceeded to cut his throat with a clasp knife. At the time the attempt proved only successful enough to demand the removal of the operator to St. Mary's Hospital, where he subsequently died. An inquest naturally followed in due course, and the testimony of the house-surgeon in charge of the case was, we presume, to the effect that the wound was not a necessarily fatal one. Out of this evidence, the jury ingeniously constructed a

verdict which may be a model of legal accuracy, but which to the medical mind, supplied simply with the facts as it pleased the representatives of the fourth estate to present them to a patient public, presents some obscurity. It runs as follows:—"Deceased died from congestion of the lungs, which had no connection with the wound, but which might have been accelerated through loss of blood." Now, what are the common complications of cut-throat wounds?

LAST week the Practical Anatomy and Practical Chemistry Classes of the School of Medicine, Surgeons' Hall, were opened for the session by Dr. Macdonald Brown and Dr. Stevenson Macadam, lecturers in Anatomy and Chemistry respectively.

A FEW days ago it was our privilege to accompany Mr. Beck in his round through his wards, of the University College Hospital, and to listen to his clinical observations to the students. At the time of our visit there was no case of very particular interest under treatment, although there were several from which much could be learnt. But no matter how ordinary or simple the case, we were pleased to see that Mr. Beck went thoroughly into the points to remember of each one, asking questions of the students, and fully explaining as to diagnosis, treatment, &c. Marked attention was paid to those who are just about to present themselves for the "final" College examination. Altogether, Mr. Beck remained in the wards about three hours, and it was the fault of the students who went around with him if they were not considerably the wiser for the clinical instruction he placed within their reach.

FROM the far East have arrived rumours to the effect that the London Hospital authorities have at length been awakened to the fact that students are something more than fee-paying machines, and are worthy of having their comforts provided for in some sort of fashion. As a consequence of this unaccustomed consideration, the question of new buildings has been brought within the sphere of practical possibilities; and the more sanguine spirits now prophesy that the dressers and clerks who come on duty in October, 1886, are likely to be provided with the ordinary resources of civilisation in the matter of cloak and waiting rooms. Those whose experience in this connection has been of the little cupboard, into which some hundred or so of hats, coats, and umbrellas are daily endeavoured to be forced, will appreciate the delightful future shadowed forth; while neither students nor visitors will long regret the loss of dignity and rheumatism associated with the conversion of a four-way passage into a reception-chamber. We wish speedy completion to the improvement.

BIRMINGHAM has acquired so many forms and degrees of reputation of late, that nothing scarcely reported as occurring within its limits is likely to create an unusual degree of surprise. Yet it may be doubted whether the stimulants consumed in any other centre of advanced civilization are calculated to produce the same startling effects as

have followed a steady indulgence in them on the part of Mr. Butler, a resident in the Lozelle district of the Midland Metropolis. This distinguished citizen of Birmingham, while enjoying all the imaginary delights surrounding the victim of delirium tremens, first amputated his right foot with a carving knife, without even pausing to remove his boot, and then, as it is supposed from the fact that other means of egress were closed to him, jumped through a second-floor window into the street beneath, and forthwith proceeded on a course of ambulatory exercise of the stump. Some well-meaning persons, however, insisted on taking him straight away to the General Hospital in a cab; and on reaching the operating theatre, he was, not unnaturally, in anything but a vigorous condition. The stimulation afforded by an anæsthetic previously to amputation of the leg, an operation at once seen to be demanded, temporarily restored him to consciousness, and active demonstration against interference with his own surgery; and even after the operation, his violent attacks on himself rendered the close attention of two policemen necessary to the preservation of the bandages on his limbs. We shall hope and expect to receive a full account of the case, the details of which cannot but prove of interest, from our estimable representative at Birmingham, who will please remember and take pity on the burning curiosity of his *confreres* throughout the country.

THE QUESTION OF THE HOUR.

DURING the present week important discussions have taken place within the Councils of the two Royal Colleges in London, on a subject which vitally affects every present and future possessor of the licenses in medicine, midwifery, and surgery granted conjointly by the Colleges. We refer to the question of conferring the doctorate on holders of the L.R.C.P.Lond. and M.R.C.S.Eng. Already a Joint Committee of the two Colleges has reported to the effect that the proposed innovation is both desirable and fair as a measure of simple justice; and it cannot be necessary in this place to repeat again now, the unanswerable arguments on which this decision is based. Enough to say that the unfair competition which men who have incurred the expense and labour necessary to obtain this double qualification are called upon to wage with holders of M.B. degrees, which are procured after infinitely less severe examination and preparation, is at length fully recognised in the quarters whence the measures for relief must in the first place proceed; and we heartily congratulate the junior profession on the early prospect of relief from the intolerable burden of disadvantage under which they have so long been labouring.

Writing, as we do, before the result of the imminent deliberations is announced, we cannot of course do more than suggest their probable outcome. It may be assumed, however, that the points to be debated will resolve themselves into a consideration of the powers already possessed by the Colleges to initiate within themselves so radical a change as

is proposed. Two courses are open to them; one, to incorporate with the diploma, which is a license to practice, a special clause conferring on the diplomé the right to describe himself by the title of "Doctor;" the other, to issue under the same circumstances a distinct certificate of *graduation* as Doctor of Medicine (M.D.)

As to the power of the Colleges to follow the first course, there can be no doubt, for there is nothing in law to prevent, and much in custom to encourage, such a proceeding. Whether the second course is equally open, however, may be reasonably doubted; and as it seems that the M.D. is the form the new designation is to take, it is probable that new and special powers to this end will be sought. And this opens up a most important suggestion. As a degree-conferring body, the Colleges will be assimilated in function to an University, and this is the one objection which narrow-minded prejudice has hitherto depended on as insurmountable when opposing the advancing reform. We, however, insist that to constitute the Royal Colleges an University of Medicine, or, if it is preferred, as the medical faculty in a new teaching university for London, would be one of the most salutary improvements possible; and we cannot think for a moment, that when it is sought to receive the sanction of the Royal Assent to a new charter of incorporation designed to secure this, there will be any tangible opposition to contend against. There is now the opportunity of effecting a great and radical amendment of long-existent abuses and anomalies, and of reinstating the principal licensing corporations in the world in their true position, a position from which they have been deposed, partly, it must be admitted, through faults of their own, but in particular, by the successful but unsupported pretensions of rival institutions which, even in this generation, have combined within themselves the right both of teaching and qualifying.

This matter is especially one on which the voice of students should be heard, and heard sufficiently loud in certain quarters. They can do much to hasten a successful termination to the movement; and if they would but meet and express their views, and follow this action up in a proper manner, they may achieve a triumph advantageous alike to themselves and future generations.

The Operating Theatre.

ST. BARTHOLOMEW'S HOSPITAL.

WEDNESDAY, OCTOBER 14TH.—To the seventy or eighty students who assembled in the operating theatre to-day, the operations, with one exception, were not of a particularly interesting character. The spectator, at some distance from the operating table, when a staphyloraphy or operation on the head or neck is being performed, has to draw largely upon his imagination, in order to follow the steps of the operation. Distance, in this case, lends anything but enchantment to the view, which is further somewhat obscured by the dozen or so privileged heads which are permitted to occupy every position

near the patient from which the proceedings of the operator can be seen. The first patient operated upon was a lad suffering from

WRYNECK,

probably congenital, the operator, Mr. Thomas Smith, who performed the usual subcutaneous section of the sterno-clavicular attachment of the sterno-mastoid muscle, by means of a fine tenotomy knife. Mr. Smith next operated upon a youth, nineteen years of age, for

CLEFT PALATE,

an operation requiring great care and delicacy, and in this case more time and patience than usual, from the free hæmorrhage which took place on incising the mucous tissue, and separating the periosteal tissue from the bone. Mr. Smith said that it would have been better had the operation been performed at an earlier age, as the hæmorrhage would have been much less troublesome, and the results, as a rule, in younger patients, are more satisfactory. The gag used in this instance was one invented by Mr. Smith himself, and is a very decided improvement on the old forms of gag, for use in operating on the roof of the mouth. In the next case that of an elderly woman suffering from

RODENT ULCER

which was developing appearances of an epitheliomatous character, Mr. Smith permitted his house-surgeon, Mr. Humphry, to operate, he himself assisting by using the sponge, &c. The ulcer extended from the inner angle of the left eye, down the cheek, and side of the nose, almost to its tip. The operation consisted in simply making an incision around the ulcer, outside the edges, and scraping off the diseased tissues with a Volkmann's spoon. The surface was then dressed with carbolised oil. We should like to see hospital surgeons give their house-surgeons an opportunity of exercising their skill in the operating theatre more frequently than at present. In simple operations, this could be done with considerable advantage to the house-surgeon, as he would thereby gain both experience and confidence, and without detriment to the patient. The only other case operated upon was a woman, aged sixty-four, for whom Mr. Morrant Baker performed

AMPUTATION OF THE LEFT BREAST

for cancer. The tumour, which was about the size of an orange, and had been observed about 18 months, was adherent to the skin, but moved freely over the pectoral muscle. The axillary glands were found to be indurated, which necessitated, after the breast had been removed by the usual elliptical incisions and dissection, the extension of the wound well into the axilla. Some half-dozen indurated glands were then removed, great care having to be exercised in doing so from the close proximity of the axillary vessels. The wound was closed by means of ten wire sutures, spaces being left for five drainage tubes.

Messrs. Smith and Baker's cases, reported last week, are all doing well.

[Our reporter has attended other of the Metropolitan Hospitals during the last week on operation days, but no operations were being performed on the particular days.]

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following passed their primary examinations in anatomy and physiology at the meeting of the Board of Examiners on the 9th inst., viz.:—Messrs. Norman Allen, Harold Heber Hawley and John B. Logan, students of University of Toronto; Samuel L. Melville, of Liverpool; Robert N. Fraser, of Kingston, Canada; James W. H. Steil, of Glasgow; Ernest H. Gibbon, of Newcastle-on-Tyne; Horatio E. Rawlings, of Birmingham Medical School; Kilham Roberts, of Bristol Medical School; Alfred B. Jones, of Middlesex Hospital; Frederick J. Nisbet, of Guy's Hospital; Frank D. Bennett, of St. Bartholomew's Hospital Medical School. The following passed in anatomy only:—Edward Foxton, of Kingston, Canada; William H. Robinson, of St. Thomas's Hospital; Frederick O. Wood, of the London Hospital; James Herbert Harrison, University College; Henry J. Holman, Guy's Hospital. The following passed their primary examination in physiology on the 8th and 9th inst., viz.:—Messrs. Alfred E. Vaughan and Thomas A. Murray, students of Owen's College, Manchester; David W. Liebshtein and W. Scoresby Rontledge, of University College; Bruce Hamilton and Henry Hamilton, of Bristol Medical School; J. Hazelwood Clayton, John E. Foster, William M. Joyce, and Matthew H. Vinrace, of Birmingham; James E. Syme, Edgar N. Darwent, and Thomas Walcott, of Edinburgh University; Walter Mitchell, Sheffield; Rhodes Hebblethwaite, Leeds; James Magauran, of Dublin; Frenst W. Guiselm and Francis A. Brooks, St. Mary's Hospital; J. F. Gaston Alexander, Basle University; Frank Heasman, Sidney H. Badcock, and John More, of St. Bartholomew's Hospital; Albert E. Tebb, George W. A. Mitchell, Hubert Joslem, of Guy's Hospital; Charles Mattei, of Malta and St. Thomas's Hospital; Kenneth T. Stewart, of Edinburgh University; Arthur J. Lambert, of Leeds School of Medicine; George S. Pope and Joseph F. Wright, of Owens College, Manchester; Frederick W. Walker, of Edinburgh and Aberdeen Universities; John C. Dickinson and John P. De Buriatte, of London Hospital; Alexander T. Harrison, Guy's Hospital; and Frederick Parker Moles, of Manchester.

UNIVERSITY OF DURHAM FACULTY OF MEDICINE.—At the recent examination for degrees in Medicine and Surgery, the following candidates satisfied the Examiners:—*First Examination for the Degree of Bachelor in Medicine (Old Regulations).*—*Second-class Honours.*—A. F. G. Codd, St. George's Hospital. *Pass List, in Alphabetical order.*—E. C. Arnold, St. George's Hospital; C. Averill, M.R.C.S., L.S.A., St. Bartholomew's Hospital; W. C. Brown, College of Medicine, Newcastle-upon-Tyne; E. H. Gibbon, College of Medicine, Newcastle-upon-Tyne; H. E. Haycock, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; A. K. Holt, St. Bartholomew's Hospital; J. A. Manton, St. Bartholomew's Hospital; A. Miers, Leeds Medical School; I. G. Modlin, College of Medicine, Newcastle-upon-Tyne; J. Norton, Westminster Hospital; G. A. Robinson, London Hospital; C. W. Smeeton, Leeds Medical School; J. A. Smith, Leeds Medical School; C. J. Stanley, King's College; C. W. Steenberg, College of Medicine, Newcastle-upon-Tyne; R. Thompson, Guy's Hospital; W. Thompson, Leeds Medical School. The following passed in Anatomy, Physiology, and Botany: J. B. Baker, M.R.C.S., L.R.C.P., Charing Cross Hospital; E. E. S. Coombe, University College; T. Lund, College of Medicine, Newcastle-upon-Tyne; F. J. McArdle, University College, Liverpool; C. W. E. Toller, St. Bartholomew's Hospital. The following passed in Chemistry: G. T. Giddings, London Hospital.—*First Examination for the Degree of Bachelor in Medicine (New Regulations):* J. S. Walton, College of Medicine, Newcastle-upon-Tyne. The following passed in Anatomy and Physiology: A. J. Hopper, College of Medicine, Newcastle-upon-Tyne; E. Jepson, M.R.C.S., L.S.A. The following passed in Chemistry, Chemical Physics, and Botany: S. J. Allden, College of Medicine, Newcastle-upon-Tyne; N. Davis, College of Medicine, Newcastle-upon-Tyne; R. C. De Lacey, College of Medicine, Newcastle-upon-Tyne; L. A. McNabb, College of Medicine, Newcastle-upon-Tyne; G. Metcalfe, College of Medicine, Newcastle-upon-Tyne; H. J. Parry, College of Medicine,

Newcastle-upon-Tyne; D. R. Roberts, College of Medicine, Newcastle-upon-Tyne; C. B. Smith, College of Medicine, Newcastle-upon-Tyne. The following passed in Chemistry and Chemical Physics only: W. H. Coates; N. Faichnie, University College, London; J. C. Hoyle, St. Bartholomew's Hospital.—*Second Examination for the Degree of Bachelor in Medicine (New Regulations).—Second-class Honours.*—M. M. Bowlan, College of Medicine, Newcastle-upon-Tyne. *Pass-list, in Alphabetical order:* G. Berwick, College of Medicine, Newcastle-upon-Tyne; E. Bowmaker, College of Medicine, Newcastle-upon-Tyne; J. W. Leech, College of Medicine, Newcastle-upon-Tyne; G. Metcalfe, College of Medicine, Newcastle-upon-Tyne; W. H. G. Williams, College of Medicine, Newcastle-upon-Tyne.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, October 1st, 1885:—A. G. Francis, M.R.C.S., Southchurch, Essex; F. J. Jaynes, M.R.C.S., Wormington Grange, Gloucestershire; G. H. Oliver, M.R.C.S., 73, French Gate, Doncaster. On the same day, the following gentleman passed his Examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise, namely, G. F. W. Ewens, Ealing House, West End, Hammersmith.

VACANCIES.—Hospital for Consumption and Diseases of the Chest, Brompton. Resident Clinical Assistant. Applications by October 17th.—Manchester Hospital for Consumption. Honorary Physician. Applications by October 31st.—North London Hospital for Consumption, Hampstead. Resident Medical Officer. Salary, together with board and rooms in the Hospital, £40 per annum. Applications by October 29th.—Owens College, Manchester. Professor of Physiology. Applications by November 9th.—Queen's College, Galway. Professorship of Natural Philosophy. Applications by October 28th.—Ripon Dispensary. Resident House-Surgeon and Dispenser. Salary, £100 per annum. Applications to F. D. Wise.—Royal London Ophthalmic Hospital, Blomfield Street, Moorfields, E.C. House-Surgeon. Application at once.—St. Asaph Union. Medical Officer. Applications by October 28th. St. Mary's Hospital. Physician-Accoucheur. Applications by October 17th.—St. Olave's Union. Resident Assistant Medical Officer and Dispenser. Applications by October 19th.—St. Pancras and Northern Dispensary, 126, Euston Road, N.W. Resident Medical Officer. Applications by October 17th.—Stockton Union. Medical Officer and Public Vaccinator. Applications by October 17th.—Taunton and Somerset Hospital. Honorary Physician. Applications by October 17th.—West London Hospital, Hammersmith Road. House-Physician and House-Surgeon. Applications by October 22nd.—Westminster General Dispensary, 9, Garrard Street, Soho. Resident Medical Officer. Salary, £100 per annum. Applications by October 17th.—Worford House Hospital for the Insane, Exeter. Assistant Medical Officer. Salary, £150, with board, lodging, and attendance. Applications by October 26th.

APPOINTMENTS.—Joseph Anderson, M.B. and C.M. Aberd., Senior House-Surgeon to the Preston and County of Lancaster Royal Infirmary.—A. Emrys-Jones, M.D. Edin., M.R.C.S., Eng., Visiting Ophthalmic Surgeon to the Bolton Infirmary.—E. Hyla Greves, M.D., Pathologist to the Royal Infirmary, Liverpool.—Edward S. Hasell, M.R.C.S. Eng., L.S.A., House-Surgeon to the Northern Branch of the Brighton, Hove, and Preston Dispensary.—Frederick Pursent Maynard, M.B. Durh., M.R.C.S., L.R.C.P. Lond., Assistant House-Surgeon to the Preston and County of Lancaster Royal Infirmary.—Walter Francis Moore, M.B. Durh., M.R.C.S., Junior House-Surgeon to the Preston and County of Lancaster Royal Infirmary.—J. Harry Powell, M.R.C.S. Lond., L.R.C.P. Edin., House-Surgeon to the Weston-super-Mare Hospital and Dispensary.—William Thorburn, M.B., B.S., B.Sc. Lond., Surgical Registrar to the Manchester Royal Infirmary.—William Thorburn, Surgical Tutor to Owens College, Manchester.—R. J. Clement, L.R.C.P. and L.R.C.S. Edin. Resident Clinical Assistant at St. Luke's Hospital, E.C.—James D. Staple, L.S.A. Lond., Resident Clinical Assistant at St. Luke's Hospital, E.C.

Examination Questions.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following questions were given at the "Primary" Examination for the Membership on October 6th and 7th:—

Anatomy.—1. Describe the dissection necessary to expose the superficial aspect of the mylo-hyoid muscle. 2. Give the steps of the dissection of the popliteal space, and mention the structures contained in it in their relative position. 3. Describe the external surface of the occipital bone, with the points of attachment of muscles and ligaments thereto. 4. Describe the origin, course, and distribution of the third cranial nerve (motor oculi). 5. Give the attachments and relations of the psoas magnus. What are its chief actions? 6. Describe the ulnar artery in the fore-arm and hand. (Candidates must answer at least four questions, and may with advantage answer all six.)

Physiology.—1. Give the structure of a lymph gland. What evidence do we possess of its functions? 2. State the composition of human milk. Contrast it with that of the cow. How is it digested in the alimentary canal? 3. Give the structure of a medium-sized artery, and compare it with that of a corresponding vein. What evidence can you adduce of the existence and functions of muscular tissue in these vessels? 4. Describe the structure of the terminal organs of the nerves engaged in the sense of taste. Give the evidence which induces you to regard these nerves as gustatory. 5. What influence have the vagi nerves on the function of the respiratory organs? 6. Describe the development of a flat bone. (Candidates must answer at least four questions, and may with advantage answer all six.)

University, College, and Hospital Intelligence.

ST. BARTHOLOMEW'S HOSPITAL.

THE ASKERNETHIAN SOCIETY.—The opening meeting of the winter session of this Society was held on Tuesday, October 8th, when the introductory address was delivered by Mr. W. Morrant Baker, F.R.C.S., on "The Two Foundations of St. Bartholomew's Hospital"—an abstract of which will be found in another part of to-day's issue. The President of the Society, Dr. E. W. Roughton, who occupied the chair, made a few introductory remarks. At the conclusion of the address, a vote of thanks to Mr. Morrant Baker was proposed by Mr. Owen Lankester, seconded by Mr. Crouch, and carried by acclamation.

CHARING CROSS HOSPITAL.

STUDENTS' DINNER.—The annual dinner of the past and present students took place on Friday, October 9th, at the Holborn Restaurant. Upwards of a hundred and twenty put in an appearance, including several members of the staff and old students, many of whom had come long distances to attend. The chair was occupied by Sir Joseph Fayrer, K.C.S.I., who was formerly a student of the hospital. On the removal of the cloth, the following toasts, among others, were duly honoured:—"The Students' Dinner," proposed by the Chairman; responded to by Mr. Wallington; "The Medical School," proposed by Mr. Morgan, and responded to by Sir Guyer Hunter, Consulting Physician to the Hospital, and Dr. Bruce, Sub-Dean of the Medical School; "The Staff of Charing Cross Hospital," proposed by Mr. Corbould, and responded to by Dr. Julius Pollock, Senior Physician; "Old and Present Students," proposed by Dr. Green, Physician, and responded to by Dr. Peter De la Motte, formerly House-Physician, and Mr. Chitty. "The Health of the Chairman" was proposed by Mr. Barwell, Senior Surgeon. The proceedings were further enlivened by the singing of some capital songs by Messrs. Canthie, Reade, Ackland, May, &c.

GUY'S HOSPITAL.

PHYSICAL SOCIETY.—The first meeting of this, the oldest Medical Society in London, was held on October 8th, the President, Dr. Wilks, in the chair. Dr. Tyson read an interesting paper on "The Moral and Social Relations of the Medical Profession;" and a debate followed, opened by Mr. E. W. Goodall, in which Messrs. A. Martin, Braddon, Bell, Anderson, Rake, Parsons, and others took part.

VOLUNTEER MEDICAL STAFF CORPS.—A meeting of Guy's Students was held on Thursday last, in the Chemical Theatre of this Hospital, in connection with the Volunteer Medical Staff Corps, under the Presidency of Mr. Bryant, Surgeon to the Hospital. The Officer in command of Guy's Company, Dr. F. Stephenson, read a paper; and the meeting was addressed by Deputy Surgeon-General McDowell, C.B., Surgeon-Major Evatt, A.M.D., and Surgeon-Major Wilson, A.M.D.

WESTMINSTER HOSPITAL.

THE ANNUAL DINNER.—The annual dinner was held on October 5th, at the Holborn Restaurant. Dr. Fincham presided. About 120 sat down to dinner.

NEW ENTRIES.—We are informed that there are 26 new entries, which is a great increase on last year—the freshmen, doubtless, being attracted by the large and efficient new school buildings.

Notices of Books.

THOMPSON ON STRICTURE OF THE URETHRA.*

THE best evidence of the value of Sir Henry Thompson's work on stricture of the urethra is the demand for successive editions. For a considerable time the third edition was "out of print," and the author would not allow another to be published until he could command sufficient leisure to make such alterations, corrections, and emendations as he considered necessary, in order to bring the work well abreast of the present position of urethral surgery.

Sir Henry Thompson has at length been able to accomplish this task, and the changes which have been made in the present edition, and the reasons therefor, will be best understood from his own words. In the preface he says: "I have reduced the bulk of the work by upwards of a hundred pages, first by removing matter which, in the former edition, related to controversial points under discussion at the time of publication, but since, for the most part, settled, and, therefore, no longer necessary to be reconsidered in detail here. Secondly, I have removed entirely all 'illustrative cases.' These appeared, at the outset of my work, to be necessary; and some were cited in support of statements which were at that time not generally accepted. Another reason for removing the cases is, the conviction that it is a better and simpler method for me, after another ten years' experience, to give its results in the form of opinions, as simply and briefly expressed as possible, unencumbered by those guarantees which might naturally be expected from an author in the early part of his career. On the other hand, several additions have been made in various parts of the work, relating to treatment, the result of therapeutical progress and more extended observations; and the number of illustrative wood engravings has been considerably augmented. Lastly, the matter of the work has been almost re-written, in order to attain greater clearness of expression, and for the purpose of producing in the present and smaller work a more useful epitome of the subject than the original and larger one contained." These, then, are the chief points in which the present edition differs from the former, and we may be permitted to express the opinion that the author has exercised sound judgment in declining to rediscuss controversial subjects already sufficiently settled,

* "The Pathology and Treatment of Stricture of the Urethra and Urinary Fistula," by Sir Henry Thompson, F.R.C.S., M.B.Lond., Surgeon-Extraordinary to H.M. the King of the Belgians, Emeritus Professor of Clinical Surgery, and Consulting Surgeon to University College Hospital, &c., &c. Fourth Edition. London: J. and A. Churchill, New Burlington Street.

and in omitting the "illustrative cases" which add to the bulk of the work without a commensurate addition to its value. Space will not allow us to enter at length into a critical examination of the author's views on stricture. We may, however, refer to one or two points in regard to the treatment. With regard to the "bougies à ventre," which, with many hospital surgeons, are so popular, Sir Henry Thompson is of opinion that no advantage appears to arise from their use. According to his experience, there are no instruments better fitted to carry on dilatation when flexible bougies do not suffice, than conical steel instruments, which he recommends to be plated with silver. These he uses in seven sizes, the smallest being of No. 6 size (English scale), at the point, gradually increasing to No. 8 at about two and a half inches from it, and the largest, No. 13 at point, increasing to No. 15 at largest part. These instruments he calls "metallic dilators," the term "bougies" being obviously inappropriate for metal instruments. We are glad to see that he disapproves of the use of this particular shape of instrument in sizes below No. 6, as we have known regrettable results from using fine pointed tapering metallic dilators. When there is considerable contraction of the urethra, Sir Henry Thompson recommends the gum elastic catheter, and recently he has had made by Messrs. Weiss (now of Oxford Street), smaller catheters of this fabric than have ever been made before, the size being very much less than No. 1 of the English scale. The instrument is hollow, the channel being literally one which a hair will almost fill, which procures the certitude that a drop of urine will in time show itself at the end if it has penetrated to the bladder. They have a slight degree of stiffness not possessed by the very small French instruments, a quality which often enables the surgeon to insinuate them through a very narrow stricture, when the French instruments would be perfectly useless. But in some cases of extreme contraction, every form of elastic catheter fails. In these cases the most serviceable instrument is a slender silver catheter, which he has had made with the shaft less slender and tolerably firm. This instrument must be used with the greatest possible care and lightness of hand, and is dangerous in the hands of any but experienced operators. Had space permitted we should have liked to reproduce some of the author's views on the treatment of stricture by internal and external incision, the use of chemical agents, &c., but must refer our readers to the work itself, which they will find the most complete and instructive work on this subject within the reach of those who confine their reading to works printed in the English language.

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ERRATUM.—In our last number, page 316, line 33, from top of second column, for "watery," read "warty."

X. Y. Z.—Write to Dr. A. C. Maybury, 23, Charlotte Street, W.C., who will doubtless render the necessary assistance.

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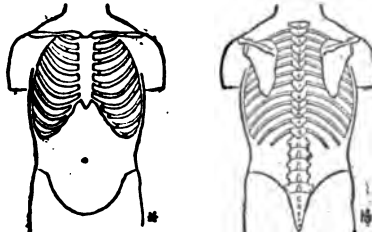
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Notes by the May.

THE entries of new students this October shows that the Metropolitan Medical Schools are maintaining their popularity, notwithstanding the advantages in regard to graduation which are possessed by the Scotch and some of the Provincial Schools. St. Bartholomew's, as usual, heads the list with a total entry of 148, of which 132 are full entries; the second position being taken, for the first time for many years, by St. Thomas's, with 89 full and 24 partial entries, total 113; London, third, 77 and 30, total 107; University College, 67 full entries, and 69 for Preliminary Scientific, total, 136; Guy's, 90; St. Mary's, 67; Charing Cross, 62; King's College, 47; Middlesex, 37; St. George's, 37; and Westminster, 36. As yet I have been unable to ascertain the number of entries at the Provincial Medical Schools. Westminster and St. Mary's show a very large increase upon last year, a most gratifying result, doubtless due to the increased accommodation which they offer students in their new school buildings.

It is most unfortunate that disputes will constantly arise between the medical and nursing staffs of hospitals. It seems almost impossible now-a-days to keep the nurses within reasonable bounds; they will assume too much, and unless the reins are held with a firm hand, they become unmanageable. A petty squabble, which, however, threatens to assume serious proportions, is now taking place between the resident medical officers and the nursing superintendent at the Edinburgh Royal Infirmary. The ladies seem to have secured the support of the Board of Management, which body has passed a vote of censure on the residents for simply discharging their duty. The matter will hardly be allowed to rest here. No hospital will long command the confidence of the public, if the medical staff is subordinate to the nursing.

Figaro says that:—"The establishment of friendly relations between Dr. Forbes Winslow and Mrs. Weldon—of which there was further proof at the meeting of the Balloon Society on Friday—is one of the puzzles of the day. Mrs. Weldon has won many victories, and none of them can have afforded her so much pleasure as the conversion of her most accomplished adversary into a warm supporter. It may, or may not, be true that when rogues fall out honest men come by their own; but now that Dr. Forbes Winslow and Mrs. Weldon have joined hands, the reform of the lunacy laws ought to be an easy matter." For my own part, I don't quite see where the puzzle comes in. It is often diplomatic to hold the candle to his sable majesty—not that I wish to suggest that there is anything satanic about Mrs. Weldon; but it will be allowed that she has worried Dr. Winslow a great deal, and has the power to worry him still more, which would mean a continuation of heavy law costs. If not inclined to fight, it is always better to agree with one's adversary, and nothing can be gained, in any event, from fighting with Mrs. Weldon.

EVIDENTLY referring to Dr. Winslow, the *Figaro* publishes the following lines, under the heading, "The Dark Young Doctor." What is meant by the expression "dark," I cannot say:—

"Time was when fees and I were well acquainted,
Time was when I'd the guineas in my hand,
A doctor young, with worldly cares untainted,
None better liked than I in all the land.
Time was when patients of the noblest station,
Forsaking Jenner and much greater men,
Would come to me from every far-off nation:
Ah, me! I was a dark young doctor then.
"Had you a headache, take this medicine quickly;
Had you a pain, swallow down this pill;
Did you look pale, or feel so very sickly,
Take this, you cannot long be very ill.
No care, no Weldon case to taunt me,
No counsel's fees to pay to crafty men,
My pocket full of money, I was happy:
Ah, me! I was a dark young doctor then."

As the profession is slightly overcrowded in England, I would suggest to doctors who find difficulty in making the ends meet, to try Serbia, where doctors would be appreciated just now. Says the special correspondent of the *Times*:—"It is not good to require medical assistance just now in Belgrade, as I know to my cost. All the profession has been ordered to the front, and the capital is left with five doctors. Of these, one does not practise; the second is a tutor to the young Prince, and, being physician to the Royal Household, does not practise outside the precincts of the palace; and the remaining three are juvenile leeches, whose professional qualifications just enable them to distinguish between a living man and a dead one. Their time, moreover, is fully occupied in furnishing the certificates of death, without which burial cannot take place." If war breaks out in the East, no doubt many English medical men and students will offer their services to the combatants.

It is reported that Professor Cheine has decided to discontinue the use of the carbolic spray in the wards of the Edinburgh Royal Infirmary for six months, in order to test whether it has any real merit. He will be somewhat consoled to know that the spray has long since been discarded by most of the leading hospital surgeons in the metropolis.

CONSIDERABLE, and very natural, alarm exists in London in consequence of the recent rapid increase of deaths from hydrophobia. The coroner at Blackheath has held three inquests within a fortnight on persons who died, as alleged, from hydrophobia, and I believe Dr. Danford Thomas has also held inquiries on several such cases during the last few weeks. To diagnose rabies in the dog is most important, and every medical man should be able to recognise the disease. Mr. Price, M.R.C.V.S., has given some useful hints on this point in the *Times* which are worth remembering. He says: "If the dog slobbers from the mouth, accompanied by a hanging condition of the lower jaw, and an alteration in the natural bark, it is undoubted evidence of dumb rabies, quite as contagious as the other form, and under which the dog will live from three to five days, and die from nervous exhaustion. The other form of rabies is more dangerous, and the dog may be seriously affected, and

yet know his master, and be even on more than usual friendly terms; but there is an altered condition about his appearance, and he is in a highly nervous state, snapping at anything or anybody that offends him, and, above all, there is that peculiar rabid bark which once heard can never be forgotten. A dog with these symptoms should be put in quarantine at once, and carefully secured until a competent authority shall decree his death warrant or otherwise. If there is the slightest alteration in the bark, there is, at any rate, ground for grave suspicion." As to treatment, he says: "In the event of being bitten by a rabid animal, suck the wound at once, drawing as much blood as possible, spitting out, of course, what is sucked away. This is far more efficacious than cauterisation, and is the only reasonably preventive measure to take at once, sending, of course, for medical aid without delay."

I AM pleased to see Mr. Christopher Heath about again. He still looks ill, and has evidently had a very severe attack. The *British Medical Journal* of October 16th announces that he has resumed his "hospital studies," but does not state what examination the distinguished University College professor is going in for. Perhaps he intends to have a shot for the new Conjoint Board.

It is anything but creditable that many doctors appear to have great difficulty in diagnosing apoplexy from intoxication. Last week a poor old lady, about 70, was taken ill while riding in a tram-car, and the conductor, thinking her ailment due to drink, called the police, who took her to the police-station, entered a charge against her of being drunk and incapable, and then locked her in a cell, where she lay all night, perfectly insensible. Next morning, finding she had not recovered, a doctor was sent for, who agreed that she had taken more than was good for her, but would come round all right. She did so far recover as to be able to give her name and address, and her friends were communicated with. After some delay, while bail was being found, she was taken to her home, and the family doctor called in, who found her suffering from apoplexy and paralysis. Next day she died. Surely it would have been possible to have discovered the true nature of the case sooner had a proper examination been made by the police doctor at first. It is true that some cases of apoplexy are difficult to diagnose from intoxication; but when paralysis exists there should be no doubt, and even if there is no paralysis, a doctor would do well, in such cases, to give the doubt in favour of the sufferer, unless it is unmistakably a case of too much drink. PERIPATETICUS.

THE PROFESSION IN CANADA.—In a well ordered State, every citizen should feel that he has near at hand well-trained men, to whom, in the hour of need, he may turn with confidence, and ask aid for himself, his wife, or his little ones. That throughout Canada this condition exists; that the community is to-day served by capable and well-trained men; that within reach of the poorest within our smallest villages there is an honest, capable physician; that impostors and charlatans are few—these, gentlemen, are some of the blessings for which we may, lifting both hands to heaven, thank our medical boards.—*Dr. W. Osler's Address to the Canadian Association.*

THE ESSENTIALS OF TOXICOLOGY.

By ARMAND SEMPLE, B.A., M.B. Cantab, M.R.C.P. London, Physician North Eastern Hospital for Children; Author of "Aids to Chemistry," &c.

(Continued from page 311.)

VEGETABLE POISONS.

BRUCINA.

This alkaloid, also found in the *nux vomica*, possesses properties similar to those of strychnina. Its activity is, however, far less. It requires $\frac{1}{100}$ of a grain of brucina to produce upon a frog the effects of $\frac{1}{1000}$ of a grain of strychnina. That is to say, brucina is 10 times less powerful than the last-named substance. The convulsions produced by brucina are neither so long in duration, nor so severe as those induced by strychnina.

To obtain brucina from organic mixtures, the same process for the recovery of strychnina may be used; and in testing the residue, nitric acid should be first tried, and then the protochloride of tin.

Tests.—1. Nitric acid gives a brilliant red colour, changing to yellow on heating, and if after warming a trace of protochloride of tin is added, the colour becomes deep purple.

2. No action with nascent oxygen, but if mixed with bichromate of potash and sulphuric acid added, an orange, then green, and lastly a yellow tint is produced, this action being dependent upon the reduction of the chromium salts.

POISONOUS FUNGI.

Many fungi are eaten all over the world with impunity, but others are of doubtful character. One individual may eat them without injury, while in another, a mere taste may occasion violent poisonous symptoms. Some fungi, however, are uniformly productive of alarming results.

It may be stated generally that all fungi which grow in marshy situations, smell offensively, have a warty cap, and a green or scarlet hue, or turn blue very soon after being cut, or are burning to the throat, and have a bitter taste, should be regarded with suspicion.

The time at which the symptoms commence is very variable, since the same fungus will act differently on different persons. The symptoms have begun in 10 minutes, or have been delayed for 36 hours.

Fungi frequently act as *narcotics*, intense coma being a prominent indication. Sometimes they act as *irritants*, inducing vomiting, pain, and purging; at other times they act as *irritants* and *narcotics*; headache, giddiness, dimness of sight, illusions, delirium, and convulsions are common symptoms. The same fungus may induce narcotic symptoms in one member of a family, and irritant symptoms in another.

Many cases recover, especially when vomiting has been early. One case is on record in which a man suffered for a year, more or less. Death generally takes place within 24 hours, but may be delayed for 2 or 3 days.

The circumstances which modify the action of fungi are the following:—

(a) *Idiosyncrasy*.—To some persons all forms of fungus are injurious.

(b) *Cooking*.—The active principle of a poisonous mushroom is thought to be volatile, and dissipated by moderate heat. Boiling in water, or soaking the mushroom, cut into slices, in vinegar or brine, may, to some extent, eliminate this principle.

(c) *Climatic*.—Many are eaten in France which in England are considered poisonous; and some are commonly eaten in Russia and Prussia which are never eaten in France.

It is stated by Braconnot that fungi contain various principles, consisting mainly of an acrid resin, a saccharine substance, and a spongy principle termed fungin; whilst Letellier thinks there are two active principles, viz. :—

(a) *An acrid volatile principle*, to which the irritant properties may be ascribed, and which, from its volatility, disappears upon drying or boiling the fungus in water.

(b) *An alkaloid, amanitine*, to which the narcotic symptoms are attributable.

Treatment.—The stomach-pump should be used, and emetics of sulphate of zinc and castor oil given. There is no chemical antidote.

Post Mortem Appearances.—The stomach and intestines are frequently the seat of intense inflammation, and may be even gangrenous. Usually the liver is enlarged, and the vessels of the brain much congested.

Endeavours should be made to find portions of the mushroom, and then the gills scraped, and examined microscopically for spores. The discovery of *pink irregular spores*, *entoloma*, or *rusty brown irregular spores*, *hebeloma*, or of *round white prickly spores*, *russula*, *lactarii* would afford strong indications of the presence of a poisonous mushroom. A complete analysis should always be made, in case the mushroom may have been the vehicle for the criminal administration of some poison, in order to disarm suspicion.

ERGOT OF RYE. SECALE CORNUTUM.

Symptoms.—Cases of poisoning by ergot of rye have chiefly taken place from eating bread made of ergotised grain. The bread soon becomes moist and wanting in firmness.

Two different poisonous conditions are produced by it, and may be present, either singly or combined :—

(a) *Convulsive or Nervous Ergotism*—In which the prominent symptoms are giddiness, cramps, and convulsions.

(b) *Gangrenous Ergotism*—Beginning with a peculiar creeping sensation, the limbs becoming insensible, and finally shrivelling up and dropping off at the joints.

The general symptoms of a poisonous dose are nausea, vomiting, and stupor, both the frequency and force of the pulse being diminished. The amount of urine is increased under its influence.

(To be continued.)

THE EXTRAORDINARY CASE OF SELF-MUTILATION AT BIRMINGHAM.

(From our Birmingham Correspondent.)

IMMEDIATELY I read your pathetic appeal for further information respecting this remarkable case, I proceeded to the General Hospital in order that I might at once do my best to satisfy the "burning curiosity of my confreres throughout the country." I found the foot in the post-mortem room, just as it had been brought in, except that the boot and stocking had been taken off. It was evident, from an examination of the detached extremity, that the limb had sustained a severe compound fracture, attended by much laceration of the soft parts, about the lower third of the tibia. This fracture, it is stated, was caused by jumping from a second floor window, when the patient found the ordinary means of egress blocked; then, doubtlessly feeling that his locomotion was impeded by an extra joint above the ankle, he sat down on the kerb-stone and proceeded to examine the injured limb. The result of this examination was evidently that primary amputation was necessary, and dispensing with such useless beings as surgeons and assistants, he forthwith proceeded to perform the operation with a carving knife. The operation, if indeed not skilfully, was thoroughly performed, and having thrown his foot in the gutter he proceeded to hobble down the street, in which condition he was found by a stern custodian of the law, who, apparently considering that the operation had not been skilfully carried out, removed him to the hospital in a cab, a second vehicle following in the wake containing another officer nursing the foot. On admission into the hospital amputation through the middle third was found necessary. The patient, now in a state of extreme collapse, was removed to the theatre, and Mr. Gilbert Barling prepared to perform the operation. No sooner was the first whiff of the anæsthetic administered than the patient, suddenly arousing himself from the state of torpor, proceeded to vigorously resent, what he no doubt considered an uncalled for interference with his own surgery. In the end, might triumphed over right, and the operation was performed uninterruptedly. Upon recovering from the anæsthetic the same scene of confusion occurred, the wretched man clutching at his bandages in a state of the wildest delirium. He was at once removed to a ward kept for such cases, and was throughout the night watched by two policemen, the delirium gradually subsiding. The patient, of course can give no account of the proceeding himself. He informed me that during the early part of his life he had drank considerably, but three years ago he took the pledge. For some reason or other, into which I did not care to enquire, the old habits broke out again about a fortnight ago, and during that period he drank enormous quantities of neat whisky. The Sister says that he feels his position keenly, and I did not care to question him too closely in his present condition. If anything further should transpire I will inform your readers.

PRIZES IN THE MEDICAL SCHOOLS.

The following is the list of prize awards in the Provincial Medical Schools for the Sessions 1884-5.

YORKSHIRE COLLEGE: LEEDS SCHOOL OF MEDICINE.—Medicine—Medal, C. W. Turner; Certificate, J. Holt. Surgery—Medal, C. W. Turner; Certificate, J. Holt. Forensic Medicine—Thorp Prize, 1. C. Nicholson; 2. A. S. Barling; 3. H. Herbert. Anatomy, Senior—Medal, H. J. Roper; Certificate, R. G. A. Moynihan; Junior—Medal, A. Skyes; Certificate, W. R. Naylor, J. Wright. Physiology, Senior—Medal, R. G. A. Moynihan; Certificate, H. Gott and J. E. Wood; Junior—Medal, J. Wright; Certificate, W. R. Naylor. Pathology—Medal, C. W. Turner; Certificate, H. R. Smith. Botany—Certificate, J. E. Briscoe. Chemistry—Certificate, J. E. Briscoe. Practical Chemistry—Certificate, J. E. Briscoe. Midwifery—Medal, H. J. Roper; Certificate, W. H. Helm. Materia Medica—Medal, T. H. Harrison; Certificate, R. G. Moynihan. Hygiene—Thorp Prize (£5), H. Gott and H. Herbert (equal). Diseases of Women—Prize, W. H. Helm.

UNIVERSITY COLLEGE, BRISTOL: MEDICAL SCHOOL.—*Summer Session*, Practical Chemistry: Prize, H. Hamilton; Certificates, T. M. Stiles, B. R. T. Trevelyan, H. F. Devis and C. Meaden (equal), F. Calder, J. H. Fardon, H. J. Thomas, B. Hamilton, F. Loe, J. Smith. Practical Physiology and Histology: Prize, F. Loe; Certificates, R. C. Richards, J. H. Fardon, J. Smith, T. M. Stiles, W. E. Stevens. Botany: Prize, T. M. Stiles; Lecturer's Prize, H. J. Thomas; Certificates, F. Calder and F. Loe. Materia Medica and Therapeutics, Prize, J. H. Fardon; Lecturer's Prize, H. Hamilton; Certificates, B. Hamilton, F. Calder, B. R. T. Trevelyan, F. Loe. Obstetric Medicine: Prize, H. A. Burleigh; Certificates, H. A. Spencer, F. F. Jones, W. C. Swayne. Practical Surgery: Prize, F. F. Jones; Certificates, H. F. Semple, A. Downes, H. A. Burleigh. Medical Jurisprudence: Prize, A. J. Tomkins. Pathology and Morbid Anatomy: Certificates, A. J. Tomkins and C. J. S. Shaw. *Winter Session.*—Anatomy and Physiology, Junior Class: Prize, S. W. Morgan. Junior Class of Anatomy: Certificates, H. F. Mole, W. Molesworth, H. L. Ewens. Junior Class of Physiology: Certificates, G. H. Barker, J. T. Grey, W. Molesworth, H. Hill. Senior Class of Anatomy: Prize, T. M. Stiles; Certificates, F. Loe, J. H. Fardon, B. Hamilton, F. Calder, B. R. T. Trevelyan. Senior Class of Physiology: Prize, T. M. Stiles; Certificates, F. Loe, B. R. T. Trevelyan, F. Calder, B. Hamilton, J. H. Fardon, W. E. Stevens. Practical Anatomy: Prize, F. Loe; Prosecutor's Certificates, J. H. Fardon, F. Loe, and T. M. Stiles (equal). Chemistry: Prize, C. Meaden; Certificates, H. Hill, J. S. Griffiths. Medicine: Prize, W. C. Swayne; Certificates, A. Leche, H. I. Pocock, H. F. Semple, W. M. Barclay, R. F. W. Tucker. Surgery: Prize, H. F. Semple and W. C. Swayne (equal); Certificates, C. E. S. Fleming, W. M. Barclay, A. Leche, A. H. Joseph. **BRISTOL ROYAL INFIRMARY:** Suple's Medical Prize, J. E. Traak. Suple's Surgical Prize, C. E. S. Fleming; Second Prize, R. J. Marks. Clarke's Prize, H. F. Semple. Pathological Prizes, C. E. S. Flemming, J. E. Traak. Tibbit's Memorial Prize, W. O. Lysaght. Crosby Leonard Prize, J. E. Traak. **BRISTOL GENERAL HOSPITAL:** Martyn Memorial Entrance Scholarship, W. H. Ware. Clark Scholarship, W. M. Barclay. Sanders Scholarship, A. N. Little and J. B. Webb (equal). Lady Habersfield Prize, J. B. Webb.

UNIVERSITY COLLEGE, LIVERPOOL: ROYAL INFIRMARY SCHOOL OF MEDICINE.—*Winter Session*, 1884-85—Lyon Jones Scholarships—A. A. Kanthack and T. J. Sweeney. Derby Exhibition—W. G. Moore. Third and Fourth Year Subjects—Medicine—Silver Medal, B. Sumner; Certificates, C. Barlow and W. G. Moore (equal). Surgery—Silver Medal, E. Buxton; Certificates, 1. W. T. Thomas, 2. F. Tyndall, 3. B. Sumner. Pathology—Silver Medal, W. T. Thomas; Certificate, C. L. Warke. Obstetrics—Silver Medal, W. T. Thomas; Certificates, W. J. Neale and C. L. Warke (equal). Second Year Subjects—Advanced Anatomy and Physiology—Torr Gold Medal, G. W. Chaster; Bronze Medal, W. E. Lively; Certificates, 1. N. C. Solater, 2. F. Kerans, 3. J. W. Shannon. First Year Subjects—Elementary Anatomy and Physiology and Chemistry—Bligh Gold Medal, E. Hale; Bronze Medal, G. M. Arkle; Certificates, 1. J. Gould, 2. P. E. Davies, 3. H. A. Burrows. *Summer Session*, 1885. Forensic Medicine—

Silver Medal, W. T. Thomas; Certificate, C. L. Warke. Materia Medica—Silver Medal, J. H. Abram; Certificates, 1. F. Kerans, 2. — Thelwall and — Shaw (equal). Practical Chemistry—Silver Medal, E. G. B. Starkie; Certificates, 1. J. Teare, 2. P. Davis. Botany—Silver Medal, J. Teare; Certificates, 1. H. W. Fisher, 2. W. R. Appleyard. Histology—Prizes, 1. G. W. Chaster, 2. — Molyneux and E. W. Lively (equal). Students' Debating Society—Prizes for Essay, 1. H. A. Burrows, 2. — Ackerley, 3. N. C. Solater. Prizes for Debating—1. J. H. Lightbody, 2. A. A. Kanthack. Prize for Specimens—G. W. Chaster. Prize for Cases—Leigh.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, NEWCASTLE-ON-TYNE.—*Summer Session*, 1884. Botany—Medal and First Certificate, G. Metcalfe. Practical Chemistry—Medal and First Certificate, J. Beadle; Certificates, 2. J. W. McGregor, 3. M. M. Bowlan and T. M. Kimpster (equal). Practical Physiology—Medal and First Certificate, W. H. G. Williams; First Certificate, J. W. Leach. Materia Medica—Medal and First Certificate, M. M. Bowlan; Certificates, 2. J. Beadle, 3. J. W. McGregor. Midwifery—Medal and Certificate, A. F. Bradbury. Medical Jurisprudence—Medal and First Certificate, A. J. H. Montague and W. J. Ruddock (equal); Certificates, 2. G. W. Johnstone. Therapeutics—Medal and First Certificate, J. W. Dalgleish; Certificate, 2. W. J. Ruddock. Pathology Medal and First Certificate, F. Proud; Certificates, 2. J. E. Pantton and J. I. W. Stevens (equal). *Winter Session*, 1884-1885—Medicine—Medal and First Certificate, H. T. Platt. Surgery—Medal and First Certificate, H. T. Platt; Certificate, 2. F. Proud. Public Health—Medal and First Certificate, J. P. Williams-Freeman; Certificate, 2. J. Pantton. Anatomy, Senior Class—Medal and First Certificate, L. A. Baine; Certificate, 2. W. H. G. Williams; Junior Class—Medal and First Certificate, W. A. Rudd; Certificates, 2. A. E. Cope and W. J. Stephens (equal). Physiology, Senior Class—Medal and First Certificate, M. M. Bowlan; Certificates, 2. W. H. G. Williams; 3. J. W. Leach. Junior Class—Medal and First Certificate, H. J. Parry; Certificates, 2. A. E. Cope; 3. G. Gauthy and H. McLagan (equal). Dissection—Medal and First Certificate, T. M. Kimpster; Certificates, 2. M. M. Bowlan and W. R. Shortt (equal). University Scholar, 1884—A. E. Cope. Tulloch Scholar, 1884—A. F. Bradbury. Charlton Scholars, 1884—J. M. Lazenby; 1885—H. T. Platt.

GLASGOW ROYAL INFIRMARY SCHOOL OF MEDICINE.—*Summer Session*, 1884. Forensic Medicine—First Prize, A. R. Owst; Second Prize, B. H. Parry; Certificates, A. E. Thorpe, R. Morgan. Midwifery—First Prize, R. H. Parry; Second Prize, R. Morgan; Third Prize, J. Jones; Certificates, A. R. Owst, W. Valentine. Pathology—Systematic Class—First Prize, J. T. Neech; Second Prize, J. H. Owen. Practical Class—First Prize, R. H. Parry; Second Prize, J. H. Owen; Certificates, R. Morgan and R. H. Parry (equal), J. T. Neech. *Winter Session*, 1884-85. Chemical Department—Chemical Division, First Prize, J. H. Miller; Certificates, J. W. Lay, T. McCubbin, W. McLeod, A. J. Harwood. Medical Division, First Prize, R. C. Wakefield; Second Prize, W. J. France; Certificates, J. T. Wilson, J. L. Wilson, A. McDonald, R. W. Roberts. Anatomy, Senior Division—Prize, J. Beadle; Certificates (in order of merit), J. O. Jones, G. Evans, J. R. Lloyd Jones, F. A. Elkins, E. Brooks. Junior Division—Prize, R. C. Wakefield; Certificates (in order of merit), W. R. Walker, W. J. France, J. W. Lax. Practical Anatomy—Certificates (in alphabetical order)—Senior Division, J. Beadle, E. Brooks, G. Evans, A. J. Harwood, H. Owen, J. O. Jones, J. R. L. Jones, T. C. Jones. Junior Division, W. J. France, J. W. Lax, A. Macdonald, R. W. Roberts, R. C. Wakefield, W. R. Walker, R. P. Williams. Physiology—First Prize, R. C. Wakefield; Second Prize, J. R. L. Jones; Certificates, J. O. Jones, F. A. Elkins, E. O. Willis. Surgery—Gold Medal, F. Wilson, R. H. Parry; Certificates, F. W. Ord, A. W. White, W. Valentine. Medicine—Prize, F. Wilson; Certificate, J. Thomas. Materia Medica—First Prize, R. H. Parry; Second Prize, J. S. Sergeant; Certificates, T. Jones, E. Brooks, J. O. Jones.

CARMICHAEL COLLEGE OF MEDICINE.—Carmichael Scholarship—T. E. Dunne. Surgery, J. A. Whitty. Medicine, J. Toppin. Botany and Zoology, A. Dowling. Materia Medica, J. R. Meek. Medical Jurisprudence, W. Abernethy. Practical Chemistry, L. H. Ford; Extra, E. la Roche Souvestre.

Practical Histology, S. M. Cox and B. Hunt (equal). Anatomy (for First Year Students), C. D'Alton, C. W. Henley, L. H. Ford. Junior Anatomy, G. J. Lough, J. Stewart, T. M. Cox. Senior Anatomy, E. Corcoran. Junior Dissections, T. E. Dunne, G. J. Lough, J. J. M'Naboe. Senior Dissections, A. Clutterbuck. Chemistry, L. H. Ford, C. W. Healey, J. B. Spearing. Special Prize, J. J. M'Naboe and J. Behane. Mayne Scholarship, E. Corcoran.

Medical News.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentleman passed his Examination in the Science and Practice of Medicine, and received a certificate to practise, on Thursday, October 8th, 1885.—Edward Samuel Gooddy, M.R.C.S., 58, Kennington Road, S.E. On the same day, the following gentleman passed his examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise, namely, John Oddy Ward, Kippax, near Leeds. The following gentlemen also on the same day passed their Primary Professional Examination:—James George Burgess, Guy's Hospital; Henry Scarborough Cooper, Westminster Hospital; Henry Tottenham West, Belfast Hospital.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the usual quarterly first professional examination, held on Monday, October 5th, 1885, and following days, the undermentioned candidates were successful:—Jean Helen Grant, London; Philip Lee, Monkstown, co. Cork. At the ordinary monthly examinations for the Licences of the College, held on Monday, October 5th, and following days, the undermentioned candidates were successful:—*For the Licences to practise Medicine and Midwifery.*—Ambrose Birmingham, Balinrobe, co. Mayo; William E. Le Fanu Hearn, M.B., Melbourne Univ., Hamilton, Victoria, Australia; Gerald Irvine, Irwinstown. *For the Licence to practise Medicine only.*—Clarinda Boddy, London. *For the Licence to practise Midwifery only.*—John Outhbert, Bromsgrove, Worcestershire; Edward W. Gray, M.B. Univ. Dublin, Newry; William J. R. Knight, M.D. Q.U.I., Cookstown, co. Tyrone; James Alex. Lindsay, M.D. R.U.I., Belfast; Edward L. Pooler, M.D. R.U.I., Newtownards. The undermentioned Licentiate in Medicine, having complied with the by-laws relating to membership pursuant to the Supplemental Charter of December 12th, 1878, was duly enrolled a Member of the College, Theophilus W. Trend, Lic. Med. 1863, Raeberry Lodge, Southampton.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At the last meeting of the Court of Examiners, the undermentioned gentlemen, having passed their final examination for the Letters Testimonial, and taken the declaration, and signed the roll, were admitted Licentiates of the College:—Robert Abraham, George W. Armstrong, Thomas Browning, William G. Chute, Arthur R. T. Craig, Frederick A. G. Davis, George B. Elliott, Henry L. Finny, Henry C. Graves, Andrew Harris, Edward Heard, Gerard H. Irvine, John Keatly, Bernard B. Kennedy, Timothy Killeen, John B. M'Bride, Thomas C. Moore, Michael J. Moran, Samuel F. Murphy, William J. Peacock, William G. Rutherford, William Stritch, and John A. Whitty. Forty-six candidates presented themselves, of whom twenty-four were stopped.

VACANCIES.—The following vacancies are announced:—Eastern Counties' Asylum for Idiots, Colchester. Resident Medical Attendant. Salary £100 per annum, with furnished apartments in the Asylum, board, and washing. Applications by November 7th.—Manchester Hospital for Consumption. Honorary Physician. Application by October 31st.—North London Hospital for Consumption, Hampstead. Resident Medical Officer. Salary, together with board and rooms in the hospital, £40 per annum. Applications by October 29th.—Owens College, Manchester. Professor of Physiology. Applications by November 9th.—Paddington Green Children's Hospital. House Surgeon. Salary, £80 per annum, with rooms. Applications by October 28th. Queen's College, Galway. Professorship of Natural Philosophy. Applications by October 29th.—Ripon Dispensary. Resident House Surgeon and Dispenser. Salary, £100 per annum. Applications to F. D. Wise.—St. Asaph Union. Medical Officer. Applications by October 28th.—Worford House Hospital for the Insane,

Exeter. Assistant Medical Officer. Salary, £150, with board, lodging, and attendance. Applications by October 26th.

APPOINTMENTS.—Ernest Annacker, M.R.C.S., L.R.C.P. Lond., Resident Medical Officer to St. Mary's Hospital, Manchester. F. R. Annes, M.R.C.S., L.R.C.P., Resident Surgeon to the Seaman's Infirmary, Ramsgate, and Visiting Surgeon to the Ramsgate and St. Lawrence Royal Dispensary. Alexander Barron, M.B. Lond., M.R.C.S. Eng., Curator of the Pathological Museum, University College, Liverpool. Alexander Barron, M.B. Lond., Assistant to the Professor of Pathology, University College, Liverpool. Alexander Barron, M.B. Lond., Medical Tutor to the Royal Infirmary, Liverpool. A. D. Leith Napier, M.D., C.M., Examiner for Degrees in Medicine in the University of Aberdeen, in the subjects of Surgery, Midwifery, and Diseases of Women. John Jos. Powell, M.B. Lond., Senior Resident Medical Officer at the Royal Free Hospital, Gray's Inn Road, W.C. Edward Colby Sharpin, M.R.C.S. Eng., L.R.C.P. Ed., Surgeon to the Bedford General Infirmary and Fever Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Board of Examiners on the 12th inst.:—Stephen Joseph Daly and Kenneth M'Laren, St. Bartholomew's Hospital; Christopher Robertson, St. Thomas's Hospital; Harold D. B. Castle, King's College; Theophilus W. Mead, St. George's Hospital; Robert H. Gilpin, Middlesex Hospital; George G. Borrett, London Hospital; J. M. C. Cole, Belfast; James Pearson and William Mitchell Cotton, University College. The following passed in anatomy only: John Henry Austin, St. George's Hospital; Lewis St. John Reilly, London Hospital; Reginald Stilwell Freeland, Guy's Hospital; William Louis Abbott, Pennsylvania. The following passed in physiology only:—Richard G. Pollock, Frederic G. Vicars, and A. L. Devenish-Meares, Guy's Hospital; Martin A. Kirton, London Hospital; Stafford L. Archer, King's College; Charles H. Stevens, University College. The following passed on the 13th inst., in anatomy only:—Thomas A. Quirk, Melbourne University; Edmund Capper, Benjamin P. Johnson, Locke Macdonald, and T. Eytton-Jones, Liverpool; J. D. O'Sullivan, Dublin; John Fullard, Birmingham; J. W. Whitehead and Herbert Burland, Manchester; John Wilkins and William F. Fisher, London Hospital; Herbert L. Hudson, Sheffield; Arthur C. Elliman and John W. Emmet, Guy's Hospital; Frank Brightman and Charles H. Clayton, University College; Thomas S. P. Sparrow, King's College. Passed in physiology only:—Alfred W. Waller and Henry B. Shepherd, St. Thomas's Hospital; Walter Watkins, Francis H. Lowe, and A. E. D. R. Peters, St. Bartholomew's Hospital; George Barton and F. B. H. Candwell, Charing Cross Hospital; A. E. G. Roberts, St. Mary's Hospital; George E. Price and Mark B. Dumaresq, London Hospital; James D. Brown and O. W. Andrews, St. George's Hospital; William C. Burt, C. R. H. Buckley, George J. Cressy, and Hugh F. Knyvett, Guy's Hospital; William W. Craig and Anthony C. Gormez, University College. The following gentlemen passed on the 14th inst., viz.:—Messrs. Henry Edward Belcher, Herbert H. Browne, and George Ley, students of University College; Wilfrid Sturges-Jones and John Dodds Price, of Guy's Hospital; Percival S. Harris, Alfred R. Nicholls, and Francis Joseph Brown, of Middlesex Hospital; John Bate and Alfred Lea Martyn, of London Hospital; Charles William Hopewell, of King's College; Herbert Henry Folger, of Charing Cross.

THE TREATMENT OF STRICTURE.—In the course of a discussion at the annual meeting of the Canadian Medical Association, Dr. Shepherd said he could not altogether agree with those who urged the necessity of internal urethrotomy in all cases of stricture. He himself had rarely found it necessary to perform this operation, as the cases needing it were few—such as penile stricture and resilient stricture. He preferred gradual dilatation in the treatment of stricture, and considered it a much safer procedure than internal urethrotomy, as the mortality in that operation, even in such skillful hands as those of Sir Henry Thompson, was 3 per cent. He did not believe in strictures that were detected by a No. 25 sound, and thought that Otis's urethrotome showed only that the urethra was less dilatible in some parts than others; and he thought that the good results following cutting in such cases are due to the moral effect of the operation in hypochondriacs.

NOTICES.

We desire to give notice that subscriptions will not be received for less than one year at the published price, six shillings. Those who wish the GAZETTE forwarded by post for a less period than twelve months must remit the full price at 2½d. per copy.

In order to dispatch our Scotch and Irish parcels in time for Saturday delivery, we are compelled to go to press on Thursday evenings; the Editor therefore hopes that correspondents will send their communications so as to reach the office not later than the Wednesday in each week.

The Hospital Gazette.

SATURDAY, OCTOBER 24, 1885.

EDITORIAL AND PERSONAL.

THE first meeting for the present session of the Clinical Society of London took place on the 9th inst., the President of the Society, Mr. Thomas Bryant, F.R.C.S., being in the chair to welcome the members on once more resuming the labours interrupted by the summer recess. Referring to the work done by the Society in the last session, Mr. Bryant exhibited the new volume of "Transactions," the size of which is double that of any preceding issue of the work, and the value of which is largely added to by including in its contents a full shorthand writer's report of the memorable discussion on Charcot's Joint Disease.

THE *Canada Medical and Surgical Journal* states that Dr. Keith, of Edinburgh, recently paid a professional visit to Boston, U.S., to consult with Dr. Homans. He did not operate, and only remained three days. Rumour makes the fee a fine figure.

YESTERDAY week Lord Carnarvon had a pleasing duty to discharge in generous recognition of personal heroism in the cause of humanity. It was the presentation of the Albert Medal, second class, to Dr. E. C. Thompson, physician, of the Tyrone County Infirmary, conferred on that gentleman for an act of rare self-devotion in the treatment of a patient in the infirmary—a child, who was suffering from a virulent form of diphtheria. Dr. Thompson, at the imminent risk of contracting the disease, relieved the patient by an operation which obliged him to put his mouth in immediate contact with the disease. The ceremony took place in the Throne-room, with all the impressiveness which could be imparted to it, in presence of Sir W. Hart-Dyke, Chief Secretary; Sir W. B. Kaye, Assistant Under-Secretary; the Attorney-General, M.P., Colonel Caulfeild, Dr. Bands, and Dr. W. Moore, physicians in ordinary to the Queen in Ireland.

THE following Scholarship awards have been announced, in addition to those published in our issue of the 10th inst.:—St. Thomas's Hospital Medical School—The Open Scholarship in Natural Science, of the value of £100, has been awarded to Mr. Arthur Francis Stabb; and that of the value of £60 to Mr. Seymour Graves Toller.—Middlesex Hospital Medical

School—The Entrance Science Scholarship, of the value of £50, has been awarded to Mr. G. Watson; the Entrance Scholarship, of £25 per annum, tenable for two years, to Mr. R. A. Earle; and the Entrance Scholarship, of £20 per annum, tenable for two years, to Mr. F. A. Wagstaff.—St. George's Hospital Medical School—The Entrance Scholarship of £125, open to the sons of medical men, has been awarded to Mr. James M'Enery, son of Dr. M'Enery, of Sherborne; there were no candidates for the two open scholarships of £50 each.—King's College—The Sambrooke Exhibition, of £60, has been awarded to Mr. Sandifer; and that of £40 to Mr. Cargill; the Warnford Scholarship, of £25 per annum, tenable for three years, has been awarded to Mr. Soutter; and the Science Exhibitions, given by the Cloth-workers' Company, have been awarded to Messrs. Hendrich and Paxon.—London Hospital Medical College—The Buxton Scholarship, of the value of £30, has been awarded to Dr. Thomas Jones; and that of the value of £20 to Mr. Yarnold H. Mills.

WE have great pleasure in directing the attention of our readers to the fact that the Young Men's Christian Association have made arrangements for the delivery of a course of five Medical Lectures at Exeter Hall on Tuesday evenings, commencing on the 27th inst. with a lecture by Mr. Cantlie, F.R.C.S., Assistant-Surgeon to Charing Cross Hospital, on "Life in London Hygienically Considered." The other lecturers are Sir J. Risdon Bennett, M.D., Sir Henry Pitman, M.D., Mr. F. Le Gros Clark, F.R.S., F.R.C.S., and Dr. Alfred Carpenter. The Young Men's Christian Association are to be congratulated on securing such talented lecturers, and we have no doubt the lectures will be well attended.

THE *Canada Medical and Surgical Journal* reports the untimely end of Dr. Metcalfe, than which nothing could have been more sad, the superintendent of the Rockwood Asylum, Kingston. As he was entering one of the wards a lunatic stabbed him in the abdomen, and though the bowels were not wounded, he died of shock and peritonitis after an illness of three days.

DUBLIN was startled on Sunday morning, the 12th inst., by the sad news that Doctor Fred. Warren had passed from this world for ever, after a very brief illness. For a long time many refused to believe it, but soon learned the sad tidings were, alas, too true. In a short time crowds of medical men and students were seeking information, so sudden was the event. Doctor Warren was a Master of Arts and Bachelor of Medicine of the Dublin University, a Fellow and Demonstrator of Anatomy, Royal College of Surgeons in Ireland, Surgeon to the Adelaide Hospital and Guinness Dispensary. He was a man who was universally beloved alike, by his fellow-practitioners and medical students, thousands of whom to-day sincerely mourn his irretrievable loss. His genial spirit and thorough earnestness in his work, and a genuine desire to be of whatever benefit he could to those connected with him, were such as have seldom been

equalled, and certainly never been surpassed. His remains were removed on Wednesday, the 14th, from his late residence, 32, Harcourt Street, for interment in Mount Jerome Cemetery. There was a very large attendance of the members of the medical profession, the students of the various schools, with which the deceased gentleman was connected, marching in procession after the hearse. The service was read by the Rev. Benjamin Gibson, M.A., assisted by the Rev. J. Askin, Rector of Harold's Cross Church. The coffin was carried to the grave by a number of students, and, amid the tears of every one present, the grave closed over one who was universally beloved, and one, take him all in all, we shall seldom meet his like again.

DR. FERRAN's inoculation theories are almost universally distrusted, but if it were otherwise the conclusions arrived at by the Royal Commission, which was appointed some time ago, would have shaken the public faith. It is understood that the conclusions are as follows:—“(1) The Commission affirms that Dr. Ferran's system of inoculation cannot be considered inoffensive; (2) that the liquid employed in these inoculations is not properly attenuated; (3) that it is impossible to form a correct judgment of its good effect, on account of the various different ways of cultivating the liquid; (4) that the inoculated individual can transmit the cholera to the rest of the inhabitants of a town; (5) that the symptoms presented in the vaccinated persons cannot be considered as characteristic symptoms of experimental cholera; (6) that the inoculated individual, by having his physiological equilibrium disturbed—which is what should be mostly avoided in times of epidemics—presents a special tendency to catch all kinds of diseases; (7) that the inoculation gives no immunity against the cholera.” With these conclusions before him, he would be a bold physician who would attempt to carry out Dr. Ferran's method. With the knowledge we now have on this subject, one can only feel surprised that he succeeded for a time in deluding the profession—not only in Spain, but throughout Europe—into the belief that he had made a really valuable discovery.

From Valencia, on October 7th, the *Times* correspondent wrote:—“Yesterday I visited Dr. Ferran's laboratory. It is established in the kitchen of a magnificent new house, the future residence of a local physician. The unsuitable character of this laboratory has been amply described by the Commissioners of the French Government; but they failed to notice the most astonishing of all defects. Though the house is so new that the papers are not yet on the walls, it is devoid of sanitary improvements. Here, as in many older houses, the closet is in the kitchen at the farthest point from the window, opposite and within 5ft. of the range on which Dr. Ferran prepared his culture-broths. The closet being built against the side wall of the kitchen, it has no window. A hole in the top of the partition enables the sewer-gas to escape when the door is closed, and thus mingle freely and unceasingly with all Dr. Ferran's apparatus. Strange to say, neither Dr. Ferran nor

the medical gentleman who is now about to inhabit the house, seems to have noticed this most grave defect. Considering that the building of the house is not yet terminated, nothing could be easier than to alter this state of affairs. Nor was it impossible for Dr. Ferran to have selected some other room for his laboratory in this large, uninhabited building. What hope, however, is there for Spain when in one of the newest and best houses of Valencia, where two members of the medical profession are concerned, one of them being Dr. Ferran himself, not a voice is raised, not a step taken, to prevent the construction of an unventilated closet in the middle of the kitchen? Perhaps, even the closet was not trapped; but this I cannot say, for it was so foul and choked up that it was impossible to see. Dr. Ferran professes to believe in the germ theory. His system of preventive inoculation against cholera is based on this doctrine; but how about the germs pumped day and night into his laboratory? Luckily, this laboratory is now almost evacuated, and Dr. Ferran returns to-day to his home at Tortosa.” English physicians will be able to judge from this description of his laboratory as to the value of Dr. Ferran's researches and experiments in regard to inoculation for cholera.

THE HARVEIAN ORATION.

ON Monday last the Harveian oration for 1885 was delivered in the Theatre of the Royal College of Physicians, by Dr. Richard Quain, F.R.S., before a large and distinguished audience. Instead of following the custom usual on such occasions of converting the address into a mere laudatory article on the merits and excellences of William Harvey, Dr. Quain followed the much more sensible and useful course of surveying the progress which the medical profession has made since the time when Harvey was engaged in its practice. The result is an eloquent and striking defence of our profession against the charges of its detractors, and is worthy at once of the great theme itself, and of the distinguished orator to whom we are indebted for it.

In tracing the history of medicine for the past two hundred years, it is impossible not to be struck by the fact that it has in every age been disfigured by one or more classes of pretenders, by whom it has been brought into public disrepute; and, nowadays, the same is true, for have we not in our midst homœopathists, eclectics, mind-curers, &c., &c., none of whom can claim to higher respectability and consideration than the mystics and other quacks of a former time. Undoubtedly, as education attains to higher and higher perfection, and as the practice of medicine is gradually advanced to its rightful position in life, so gradually will its ranks be purged of charlatans, and its practice of pretence. Such a bright period Dr. Quain foreshadows in the future; and that his anticipations are on the way to verification few will doubt.

As to the means whereby advance in medicine has been effected, the Harveian orator speaks with sufficient clearness, and assigns to the progress of our knowledge in pathology all the importance due to it in this connection. This necessarily restricts

the period during which, from this point of view, the greatest benefits have been derived; but there cannot be any question of the justice of that verdict which associates the improvements in modern medical science moving with advancing pathological observation.

One topic on which Dr. Quain dwells with especial emphasis is worthy of being remembered, and that is the supreme necessity of paying special heed in the future to research in pharmacology. He very forcibly insists that on the knowledge of drugs and their actions possessed by the physician, must, in great part, depend his success as a practitioner, and nothing beyond a review of recent achievements in this connection and their bearing on professional practice at the present time, is necessary to stamp the importance of the demand. Naturally, too, in this connection the orator bewailed the almost entire absence, in this country, of endowments devoted to forwarding original research, and enabling such as are competent to pursue this line of work to give themselves up to it. By-and-bye, it may be, we shall not be called upon to utter this lament, but until that time arrives, we must be content to see our scanty home returns supplemented largely by the results of State-aided research in other more far-seeing countries.

Dr. Quain's belief in the power of the profession to build up for itself a grand future is inspiring; and we are thoroughly convinced that it is justified. Annually our ranks are being recruited by able, honest, and earnest men, whose resolve it is to live up to and for the profession they have espoused. At no time, indeed, were the ranks of practitioners so crowded with capable and educated members, although we must not overlook the fact that many are those still whom we could well do without. But apart from this the general tone of the profession is higher than it was, and yearly it improves, while under a just and comprehensive, sufficiently discriminating Act of Parliament regulating its relations, it is destined to occupy a position in keeping with its aims and practice. The goal is a long way off as yet; but every one of us can do something to bring it nearer, and while the leaders to whom we look for guidance and support can aid us with such encouragement as has been given us by Dr. Quain, it will be hard indeed if we do not gain in determination, in strength, and in achievement.

A DUBLIN STUDENT'S COMPLAINT.

THE life of an editor is not at any time a particularly joyous one, and unless he happens to be strongly imbued with the spirit of a philosopher, he would be, of all human creatures, the most miserable. We have read somewhere or other—was it in the "Vicar of Wide-awake-field?"—about the uncomfortable cerebral sensations of crowned heads, but the life of the monarch is peace itself in comparison with that of the modern editor, if he attempts the impossible in trying to please everybody. We do not try to please everybody, and are, therefore, not particularly ruffled when we find some of the more captious and exacting among our readers grumbling because the editorial department is not conducted exactly in unison with their ideas.

A Dublin correspondent writes to complain of several matters; 1st, that our staff of contributors in that city is not so efficient as it should be, and do not keep our readers sufficiently informed as to events of student interest in Dublin, in short that we have "boycotted" the Dublin colleges. Whilst admitting that our reports from Dublin have been very meagre of late, we can assure our correspondent that we have no desire to "boycott" Dublin. We are at all times only too pleased to give prominence to Dublin news, even if sent by those who are not authorised correspondents; but during the last few months one of our most efficient and valued contributors has been seriously ill, and another has been travelling.

The second complaint is that we do not publish the examination papers of the Dublin colleges. This is not our fault. We always publish them when we are fortunate enough to secure them. We have scores of readers in Dublin who could send us the questions after each examination, if they would take the trouble to enclose them in an addressed envelope, and we should feel very grateful to them for so doing, even if they omitted to prepay postage. Third, he complains that we sneer at everything Irish. We do not plead guilty to this charge. We have too many friends in Ireland, and too much sympathy for her people, to allow us to systematically "sneer" at them. But we claim the right to criticise, within reasonable limits, Irish affairs, as we do those which are English, or Scotch, and we feel sure that no honest and true Irishman will regard us more unkindly for so doing. Rather they will be inclined to feel grateful to us for assisting in clearing the field of vision, so that they may see themselves as others see them.

Lastly, our critical and displeased correspondent urges us to appoint "Nationalist correspondents, as your secretary, Mr. ———, who is, I admit, a very clever and rising young man, is at the best, but an old Whig, and anti-Nationalist." We are really deeply grateful to our correspondent for giving us so much information about one of our valued local secretaries for Dublin, and we are pleased to find that his talents and ability are recognised, even by those who, politically, are his enemies. But we can assure our correspondent that we are not in the least concerned as to the political views of our local secretaries. We are delighted to secure the services of any student who will keep us well and truthfully informed as to matters medical, and we shall be pleased to appoint our critical correspondent himself, strong Nationalist as he appears to be, if he will only express his willingness to accept the position; but if unable to undertake the duties, we hope he will nominate one or more of his Nationalist friends now studying in Dublin.

We are sorry to have given offence to our correspondent, but we feel sure that our Irish supporters as a body—and they number some hundreds—credit us with a desire to promote, quite impartially, the best interests of Irish students, and we trust that we shall in this endeavour receive the kind assistance of all students, whatever political views they may cherish.

The Operating Theatre.

GUY'S HOSPITAL.

FRIDAY, OCTOBER 16TH.—The fifty or sixty students who assembled in the operating theatre to-day, had an opportunity of witnessing a bit of surgery, happily of not very frequent occurrence—namely,

AMPUTATION OF THE PENIS

for epithelioma, which was performed by Mr. Howse. The patient, who was nearly sixty years of age, having been placed under chloroform—Mr. Howse always uses chloroform in elderly cases, as he finds the after effects less disastrous—and the hair covering the pubes and upper part of the scrotum removed by one of the dressers, Mr. Howse passed a loop of wire, connected with a 4-celled battery, around the organ, close to the pubes, and so burnt through the tissues gradually, thus avoiding any hæmorrhage. Mr. Howse pointed out that in cases where, as in this, the disease had existed a considerable time, and involved the greater part of the organ with extensive ulcerations, the whole of the penis should be removed, or the disease would attack the stump. Even in cases where some portion of the organ externally appeared to be free from disease, it would be found that the mucous surface of the urethra had not escaped. Epithelioma travelled along the mucous tissue of the urethra much faster than through the carpus cavernosa, and this should be taken into account when operating. After removal, a gum-elastic catheter was passed into the bladder, and secured in position in the usual manner, and the wound dressed with antiseptic gauze. Afterwards Mr. Jacobson performed

EXCISION OF THE KNEE-JOINT.

The patient, formerly a soldier, but now a labouring man, 42 years of age, suffered from rheumatism of the knee several years ago, and at the same had an attack of gonorrhœa. He afterwards, in 1874, sprained his knee, which laid him up for a time and prevented him from accompanying his regiment to India. He never recovered the free use of the joint, and in 1876 was discharged from the army. Subsequently he again sprained the knee, since which it has been gradually getting worse, until he was obliged to cease work and seek admission to a hospital. The patient having been put under ether, and the vessels compressed by means of an elastic band around the thigh, Mr. Jacobson made a straight incision across the knee, opening into the joint. He then dissected out the patella and some portions of thickened synovial membrane, and the joint being forcibly flexed by an assistant, removed two thin slices from the articular ends of the femur and tibia, in the case of the latter commencing the incision at the posterior part of the bone, so as not to endanger the popliteal vessels. The operation was performed under the spray, and the wound dressed antiseptically. It was found that considerable erosion of the carti-

lages had taken place. Mr. Jacobson said that had the case been one of pulpy disease of the joint, he would have performed amputation of the leg in preference to excision.

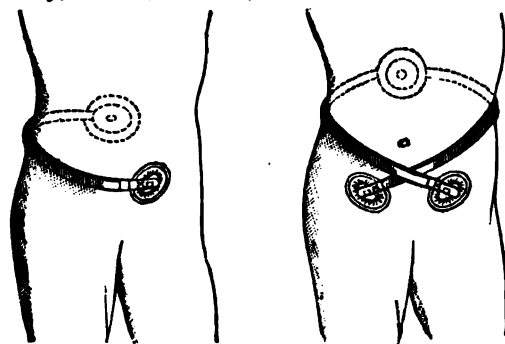
[Our report of operations and consultations at St. Bartholomew's Hospital is unavoidably crowded out this week.]

New Inventions.

A NEW TRUSS ARRANGEMENT FOR THE COMFORTABLE AND STEADY SUPPORT OF THE DOUBLE INGUINAL HERNIA.

Suggested by HY. ARMSTRONG RAWLINGS, M.R.C.S.

THE Salmon and Ody single truss, with its ball and socket joint, long sweeping spring from the centre of the back to the further side in front, is simply perfection, and has stood the test of practical use for twenty years. Why not, therefore, by simple multiplication of the same instrument, give an equal boon to the sufferers from double hernia? This, under my direction, has been carried out with complete success. The subjoined sketch will show at a glance this new arrangement. The two arms of the spring cross each other in front, without in the slightest degree interfering with each other's action. I find, also, that by joining the two springs firmly together behind, great steadiness is secured. The springs, by this arrangement, are prevented from falling down over the hips, and allow free action to the legs and to the springs themselves. The advantage of having the springs in two parts is, that the maker (S. Salmon and Ody, Strand, London) can apply a stronger one



either side if required. Other recommendations connected with the truss are as follows:—

Trifling pressure over the hips; free motion of the body, with comfort in stooping. The perfect action of the ball and socket joints with the elongated springs (which press the pads inwards instead of outwards) enables much smaller ones to be used, and secures the great desideratum of not arresting the flow of blood from the extremities of the body. To render this truss comfortable, I considered it most desirable to construct an inexpensive elastic pad, which has been done by introducing coils of india-rubber tubing. It is well to remember that the lower edges of the pads in front should just rest on the bone below. Mr. Cantlie, of Charing Cross Hospital, has seen this double truss in action, and considers it most perfect.

University, College, and Hospital Intelligence.

DUBLIN.

ADELAIDE HOSPITAL.—At the usual weekly meeting of the Managing Committee of this Hospital, held on October 13th, Lord James Butler, in the chair, the following resolutions were passed:—"Resolved—That at this, the first meeting of the Adelaide Hospital since the lamented decease of the Right Hon. the Earl of Erne, K.P., &c., one of its vice-presidents and trustees, we desire to place on record our deep sense of the great loss which this institution has sustained in his lordship's removal from amongst us, remembering, as we do, the unceasing and most generous interest which he and the various members of his family have at all times taken in the prosperity and advancement of our Hospital; we respectfully desire to convey to them the expression of our sincere sympathy and condolence in their present bereavement."—"Resolved—We desire to record, with deep regret, the great loss this institution has sustained by the recent sad demise of F. W. Warren, M.B., F.R.C.S.I., one of its surgeons, who has so unexpectedly been called away, when in the prime of life and vigour, from his active scene of usefulness; and we beg to have conveyed to his widow and family our condolence and sympathy for the great loss which they have sustained." The minutes of the last meeting were read and signed by the chairman. The reports of the Finance and House Committees, as well as that of the Lady Superintendent, were read and confirmed. The number of patients in the house for the week ending the 9th inst. was 99.

Examination Questions.

APOTHECARIES' HALL.

Examination paper for prizes in Materia Medica and Pharmaceutical Chemistry, Wednesday, August 19th, 1885, writing from 10 a.m. to 1 p.m.:—

1. State what you know in reference to (1) the plants from which they may be obtained, and their natural orders; (2) their physiological properties; (3) their uses as medicinal agents, of the following substances, viz.: salicylic acid, benzoin, sumbul, jaborandi, coca, elaterium, rhatany, chrysarobin, green hellebore, cimicifuga. 2. Specify the preparations in which acetic acid, ether, wine, proof spirit, and rectified spirit, are respectively employed as solvents or excipients, with the uses and doses (when used internally) of each preparation. 3. Give the atomic constitution of the following substances, viz.: acetate of morphia, atropia, strychnia, valerianate of soda; and mention the names of the substances indicated by the following symbols: $\text{HC}_2\text{H}_3\text{O}_2$, $\text{C}_{10}\text{H}_{15}\text{O}_2$, $\text{H}_2\text{C}_6\text{H}_4\text{O}_7$, H_2O , H_2O_2 , H_2O_2 , H_2O , $\text{C}_6\text{H}_5\text{NO}_2$. 4. Name and describe the specimens before you, and state the methods by which the plants, or parts of them, are prepared for medical purposes, together with the uses, doses, and modes of administration of each drug specified.

The *vice versa* examination consisted in recognizing numerous specimens, official and non-official. *Cannabis indica*, scammony, *cimicifuga racemosa*, *eucalyptus globulus*, *delphinium staphisagria*, cinnamon, *illium anisatum*, oleo Europeæ, *glycyrrhiza glabra*, camphor, cardamomum, oculus indicus.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following questions were given at the Final Examination for the Diploma of Member, on October 20th:—

Surgical Anatomy, and the Principles and Practice of Surgery.—1. Describe the positions of the lymphatic glands in the neck, and mention the morbid conditions under which they severally become involved. 2. Give the anatomical relations of the upper end of the humerus, including the surgical neck, and state their bearing on injuries of the shoulder. 3. Describe a case of extravasation of urine resulting from stricture of the urethra, and give the treatment in detail. 4. What is secondary hæmorrhage? Give the principles which should guide you in its treatment. 5. Give the causes, symptoms, and treatment

of hectic fever. 6. Enumerate the causes of varicose veins in the lower limb. Describe the symptoms, and complications to which they give rise. (Candidates must answer at least four (including one of the first two) of the six questions.)

Principles and Practice of Medicine.—1. Write a full description of diabetes mellitus, including its treatment. 2. What are the symptoms of lead poisoning? How does lead enter the body, and what are the means of treatment? 3. Give the composition, symptoms, consequences, and treatment of gall-stones. 4. Give the uses and doses of compound soap-pill, liquid extract of ergot, tincture of aconite, gallic acid, salicylate of sodium, liquor arsenicalis, citrate of caffeine, sulphate of quinine. Candidates must answer three of the four questions, including question No. 4.

Midwifery and Diseases of Women.—1. Describe the mechanism of labour with the head presenting, the occiput being forward and to the left. 2. What are the dangers arising from prolapse of the cord? How would you treat the complication? 3. Describe the operation of craniotomy, and the methods by which the head may be delivered after it has been perforated. Enumerate the conditions which call for the operation. 4. Describe the course of a case of phlegmasia dolens ending in recovery. Candidates must answer three of the four questions.

Notices of Books.

COTTERELL ON INJURIES TO THE LIMBS.*

The object of the author of this little work is to direct increased attention on the part of surgeons, to the after-treatment of fractures, dislocations, and other common injuries to the limbs, the neglect of which is too often the cause of discredit to surgery, and the reason that "bone-setters" frequently carry off the honours of the day. After fracture, for instance, it is too much the rule for surgeons to consider that their work is complete when they have secured the union of the fractured ends of the bone. But surgical treatment, however, should not end here; the patient should not be considered cured until the free use of the limb has been restored. As Mr. Cotterell points out, when, after Pott's fracture, the splints are removed, the ankle joint will be sure to be found very stiff, and walking an impossibility, from pain. The usual treatment is to recommend shampooing and passive motions of the joint, which perhaps, in time, will give the patient a fairly moveable limb. But in these days of high pressure and rapid locomotion, this treatment is too slow, and the patient soon becomes disgusted with surgeons, and acting on the advice of his friends, resorts to a bone-setter, who at once tells the patient that there is "a bone out," and at times even declares that the leg has not been broken, the surgeon having mistaken a dislocation for a fracture. The patient submits to the operations of the charlatan, the "bone is put in," and directly after the patient walks. In some cases, after going to the bone-setter's house on crutches, the patient is able to get home without their help. Naturally, the patient thinks that his medical attendant is a fool, and the bone-setter a very clever fellow. No doubt the bone-setter is a sharper, but he has done nothing extraordinary, or more than the surgeon might and could have done. In what has the bone-setting consisted? Mr. Cotterell says "merely this: by sudden and forcible movements, adhesion in and around the stiff joint have been broken, the rupture of which is accompanied, as a rule, by a sharp cracking sound, such as is produced when the metacarpo-phalangeal joints are extended, and which the bone-setter declares is the bone going into the socket."

How to carry out the necessary manipulations to restore the use of joints, and render visits to bone-setters needless, is explained by Mr. Cotterell, as also the general treatment of injuries to the limbs. The author has done good service to surgery in publishing the work, and we hope the result will be a more general and closer attention to the after-treatment of such injuries on the part of surgeons.

* On some Common Injuries to Limbs, their Treatment and After-Treatment, including Bone-Setting (so-called), by Edward Cotterell, M.R.C.S., L.R.C.P., &c., &c. London, H. K. Lewis, 136, Gower Street, W.C.

JOHNSTON'S ATLAS OF BONES AND LIGAMENTS.*

We owe an apology to the publishers of this work for not giving it an earlier notice. The delay has been due to two causes: 1st, pressure of other matter, and, 2nd, the knowledge that a review of an anatomical work would be more appropos at the commencement of the winter session than during the summer holidays.

This Atlas consists of a series of accurate and beautifully executed plates illustrative of the bones and ligaments of the human body, in the preparation of which the publishers have been able to command the services of two anatomical experts, and a staff of first-class artists, the result being a work of the highest merit, both artistic and descriptive, excelling in fact all other works of the same kind with which we are acquainted, and one that will be warmly welcomed by students of osteology.

To give a general idea of the work we cannot do better than quote the authors' own words. In the preface they say, "Our duty has been to select and arrange the material, plan out the plates, superintend the drawings, and supply the letter-press and text. We have tried throughout to ensure accuracy, and have, therefore—except in a few cases, chiefly epiphysal, mentioned in the text—had the drawings made from actual specimens or fresh preparations. The attachments to the bones have been marked in after careful and repeated dissection, and in most cases this has been done before the specimen was put into the artist's hands. The specimens were photographed in the positions we suggested, and the photographs were submitted to us for approval, when passed tracings of them were taken as the bases for the rest of the drawing. The now standard method of marking the origins of the muscles in red, and the insertions in blue, has been supplemented by printing the names of the muscles in corresponding ink, and in washing a shade of blue over the articular surfaces. A similar shade has been used to express the various ligaments, and in some places a mottling of red has been put in to draw attention to sections through the bone."

In writing the text for each plate, our object has been to help the student to understand the plate, rather than to explain fully all that it illustrates."

The plates are thirty in number, and embrace the whole skeleton, most of the drawing being natural size. Not the least merit about it is its marvellously low price, which places it within the reach of all students; indeed, it is surprising to us how the publishers can have produced such a splendid work at the price.

Correspondence.

THE BRADLEY FUND.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—Kindly acknowledge the following contributions in the next issue of your journal. At the same time, I would again remind those of your readers who are anxious to subscribe, and have not already given me their names, that the subscription list closes on Monday next, the 26th day of October.

	£	s.	d.
Mr. E. H. Addenbrooke, Kidderminster ..	..	1	1
Mr. John C. Creswell, Billerica ..	..	0	10

I remain,

Yours faithfully,

RICHARD JEFFREYS.

Eastwood House, Chesterfield,
October 21st, 1885.

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BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post Office Orders are to be made payable at the Charing Cross Post-office.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintain-

* Johnston's Atlas of Bones and Ligaments, by Charles W. Cathcart, M.A., M.B., F.R.C.S. Eng. and Ed., and F. M. Caird, M.B., F.R.C.S. Eng., &c. Edinburgh and London: W. and A. K. Johnston.

ing the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

NEW LOCAL SECRETARIES.—Mr. Henry Watts has been appointed Local Secretary for the London Hospital; and Mr. George Roy Fortune for the Glasgow Royal Infirmary.

SEVERAL communications are unavoidably held over this week, through pressure on our columns.

MR. LEVINE.—Letter by post in a day or two.

F. C.—Your arrangement is a very clever one. You have certainly mistaken your vocation. Try commercial pursuits.

W. V. (Cork).—Received with thanks, but of no use to us.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. C. F. Pollock, Glasgow; Dr. J. Milner Fothergill, London; Dr. J. Mitchell Bruce, London; Mr. Muir, Lavender Hill; Mr. Ernest Ganges, Birmingham; Dr. C. R. Armand Semple, London; Mr. John Bronté, Dromore; Dr. J. Brindley James, London; Dr. J. Brown, Bacup; Mr. F. W. Edridge Green, St. Bartholomew's Hospital; Mr. Thomas Ledlie, Newry; The Secretaries of the Young Men's Christian Association; Mr. Pakenham Doyle, Dublin; Mr. Robert Eatough, Highfield, Brindle; Mr. H. Ham, Lowell, Mass., U.S.; Mr. James Kerr, St. Bartholomew's Hospital; Mr. Percy H. Johnstone, Brighton; Mr. Wheeler, London; Mr. J. Brabant Bate, Clifton, Bristol; Dr. William Williams, Llanfair Talbairn; Mr. R. Irvine, Kingcliffe, Wansford; Mr. H. Allison, Dalston; Mr. M. T. Casey, Bruff; Mr. J. D. Staple, Westminster Hospital; Mr. A. R. F. Evershed, Guy's Hospital; Mr. Thomas Dutton, London; Mr. C. J. Woodward, B.Sc., Birmingham; The Secretary, University College, London; Mr. C. Forsyth, Bradford, &c., &c.

BOOKS, PAPERS, &c., RECEIVED.—Arithmetical Physics, Part II.B., by C. J. Woodward, B.Sc., Principal of the Chemistry and Physics Department, Birmingham and Midland Institute (London: Simpkin, Marshall & Co.; Birmingham: Cornish Brothers).—The Asclepiad, edited by Dr. Richardson, F.R.S. (London: Longmans, Green & Co.).—A Physician's Pharmacopoeia, by J. Bailey, Pharmacist. (London: J. & A. Churchill, New Burlington Street).—Medical Press—British Medical Journal—Medical Times—New York Medical Record, &c., &c.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., for each insertion, and the Publishers will forward the letters in reply. Three insertions for the price of two.

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AUSTIN FLINT'S Text Book of Physiology (Lewis, 1876). Three plates and 313 woodcuts, pp. 978, 7s. 6d.; Watson's Practice of Physic. Two vols., fourth edition, 7s. 6d. Headland on the Action of Medicines, 3rd edition, 2s. c12

- ### Local Secretaries.

St. Bartholomew's	{ Mr. W. McLEAN. Mr. W. F. EDRIDGE-GREEN.
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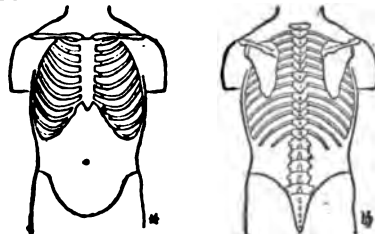
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Notes by the May.

You will, doubtless, Mr. Editor, comment upon the extraordinary evidence given by Dr. Heywood Smith in the Armstrong case, and therefore you will not expect me to dilate upon it; but, with your permission, I should like to ask the Doctor, if he is a reader of the GAZETTE, why he wanted vaseline, if his only object was to examine the child to see whether the hymen had been ruptured, and also why it was necessary to give chloroform before proceeding to make the examination? I have seen a considerable number of little girls examined, but never saw chloroform administered previous to the examination. Had an operation to be performed on the parts, one can understand the need of administering an anæsthetic; but for a simple inspection, it was surely unnecessary.

It is difficult to understand how any doctor can be found to ally himself with an unqualified man, seeing that several doctors have got into difficulties for such conduct, and that the General Medical Council have given warning that they will consider such alliances, if proved, a sufficient cause for erasing the name of a doctor so offending from the *Medical Register*. At the Southwark Police Court, last week, a quack, who passes under the high-sounding name of "Professor Clifford," and whose handbills may often be seen pasted on the walls of urinals in South London, was summoned for falsely pretending to be a physician. The defendant denied assuming the title, and said that he engaged a qualified medical man to attend the patients, and he called a man, who stated his name was Henry Riley, and that he was a member of the Royal College of Physicians. In his evidence, he said that he attended at Professor Clifford's establishment three times a day, and saw the patients, and advised them. The magistrate, Mr. Bridge, asked him if he was in practice as a physician, to which he replied that he was not, unless it was to attend patients at 68, St. George's Road. In reply to further questions, Riley said that it was not his business, that he was paid three guineas a week, and that was all he knew about it. He did not take the fees from the patients. Mr. Bridge here remarked that it was a curious thing he was paid three guineas a week for nothing, and he should adjourn the case until the 19th of November, and he trusted the medical profession will take up the case. On looking over the *Medical Directory*, I fail to find the name "Henry Riley;" so there is a little mystery about the case, which may, perhaps, be cleared up by the time the case is before the Court again.

In a very interesting letter to the *Medical Press*, Dr. Curran, of West Kensington, protests against the manufacture of long names, which some of our young physicians who read papers at the medical societies are so ready at coining. As he says, it does not lessen the difficulties of students to expect him to remember such barbarous phrases as hypodermoclysis, hemialbumose, laparo-elytrotomy, actinomycosis, dacryocystitis, oöphorectomy, &c., in addition to their sterno-mastoids, musculo-spirals, &c. No doubt big

words have their uses, as he demonstrates, by quoting his experience as a parish doctor. He says:—"When I worked a parish in this city, many years ago, for a local practitioner, I found that whenever I returned my pauper-patients' ailments in English, 'twas ten to one that they got the extras I recommended for them; when, however, I employed Latin names, and the longer these were the better, these extras were as regularly granted, and this experience suggested to me at once a means of evading, on the one hand, the clamorous importunities of the more selfish or unworthy members of my constituency, and of securing, without fail, on the other, for a poor countrywoman of mine, or other deserving sick person, such allowances as I considered them justly entitled to. I accordingly used, under the former contingency, or in this connection, whenever I fairly could, such phrases as hernia-humoralis, insomnia, laryngismus stridulus, morbus valvularum cordis, rhinorrhœa, &c., &c., as the symptoms indicated or required, and the extras were forthwith allowed. Per contra, when the plain words, 'headache,' 'gum-bol,' 'indigestion,' 'ephemeral fever,' or even 'the windy spasms,' were employed, they only elicited a smile or a sneer from the workhouse clerk of the day, and instead of being received, as I expected, on my visit, with 'nods and becks and wreathed smiles' by the recipients of these favours, I was all but shown the door. It was, indeed, actually slammed in my face in one or more instances, and this too, although I had really complied with their wishes in the matter. 'Twas vain for me to point out, what was the truth, that their names were, as they requested, 'on the books.' 'Oh! yes, Sir,' they would say, 'we know that, but then you only put us down for a headache, or a toothache, a taste of the gripes, or a touch of the wind, and they laughed at us for asking for extras for them trifles.'"

THE danger of contracting syphilis in midwifery practice is too often overlooked. Many undoubted cases of infection through obstetric attendance have been recorded, and not long ago a young and promising physician died from syphilis contracted in this manner. Referring to a case of induction in midwifery practice, the *Medical Press* says: "Another of those distressing accidents to which medical men are liable in the exercise of their profession, has recently happened to one of our most popular and distinguished gynæcologists at a well-known London hospital. While conducting, some time since, the examination at the hospital of a female patient, who was then under the influence of syphilis, this gentleman unfortunately scratched his finger on one of those pins which constitute the outworks, so to speak, of many women, and notwithstanding that the usual precautions were taken, by washing in Condyl's fluid, the result of this trifling injury was the formation of an indurated sore on the index finger, followed in the fulness of time by the usual sequelæ. Under these circumstances, the gentleman has, of course, had to relinquish, temporarily at any rate, his practice, both hospital and private."

At University College Hospital on Wednesday last, Dr. Danford Thomas held an inquiry respecting

the death of Emily Harriet Harding, aged 10½ years, the daughter of a coachman living at Hall Street, N.W., who, it was alleged, died from hydrophobia. Mary Ann Harding, mother of the deceased, stated that on the 4th September, as she was walking along the Chalk Farm Road, with her little girl, a dog came behind her and bit the child's leg. It would not let go until a man beat it off. She then took the child to a chemist's, who advised her to go to a medical man. She did so, and the wound was cauterised; but the doctor advised her to attend the hospital. She did so, and the wound healed up nicely. On the Friday the deceased seemed strange, and refused all kinds of drink. She brought her to the hospital again, where she was admitted, and died the following day in great agony. —Henry M'Cabe, house surgeon, deposed to the child being attended for seven weeks for a dog bite, of which a great number attend the hospital; but on Friday it was found the child was suffering from hydrophobia, from which it died the following day in the greatest agony. The Jury returned a verdict in accordance with the medical evidence. It is time that something were done to prevent so many stray dogs prowling about the streets. All dogs found in the streets unattended, or without a collar, should be seized by the police, and placed in one of Dr. B. W. Richardson's lethal chambers.

THURSDAY was a great day at the College of Surgeons. The members and Fellows turned up in great force, and carried the following resolution by an overwhelming majority:—"That the Council of the Royal College of Surgeons, not having accepted the principle that Members as well as Fellows should take part in the election of the Council, steps be at once taken to memorialise Parliament and the Crown, so as to secure, in the interest of the public and the profession, the right to representation in the administration of the affairs of the College, for its 16,500 legally qualified members."

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AIDS TO OPHTHALMOLOGY.

By C. FRED. POLLOCK, M.D., F.R.C.S.E., Ophthalmic Surgeon, Anderson's College Dispensary, Glasgow. Formerly Assistant Physician, City of Glasgow Fever Hospital, Belvidere; Demonstrator of Histology, Glasgow University.

(Continued from page 323.)

REFRACTION.

Anisometropia.

This varies,—e.g., one eye may have E and the other M or H; or one may have more M or more H than the other.

Test each eye separately.

Treatment; with small difference, correct it; with difference above 36 inch, partial correction may do good, or glasses corresponding to eye with ametropia.

Astigmatism.

Irregular.

Causes; cornea uneven, e.g. after ulceration; lens with varying refraction in different parts, or partially dislocated.

No glasses correct.

Regular.

Focus of one meridian of the eye different from focus of meridian at right angles to it; one principal meridian generally vertical and the other horizontal.

Causes; cornea and lens asymmetrical.

Varieties;

Simple Myopic, e.g.	vertical	M	horizontal	E
"	H ^{ic} .	"	E	"
Compound M ^{ic} .	"	{ M	"	{ M
"	"	{ higher	"	{ lower
"	H ^{ic} .	"	{ H	"
"	"	"	{ lower	"
Mixed.....	"	M	"	H

Symptoms;

No objects seen clearly; lines in different directions not equally well seen; spherical glasses help only in Compound and Mixed; spherical glasses do not correct vision, and yet there are no manifest changes in the eye.

Ophthalmoscope shows disc oval in one direction by direct method, and in direction at right angles by indirect method; also shows disc oval in one direction by indirect method, and in direction at right angles on withdrawing lens from head.

Treatment;

Cylindrical, or if necessary compound cylindrical and spherical, glasses, which correct. Vision often improves after some months with proper glasses.

Testing Astigmatism with Trial Lenses.

A. Test for M and H;

Spherical glasses do not improve vision, or only partially;—suspect As.

Fan of lines or clock hand clear in all directions

if not clear, e.g., vertical blurred, } = not As;
horizontal clear, }
or vertical more blurred, horizon- } = As
tal less blurred.

N.B.—Meridian, in which lines are most clear, indicates meridian with greatest error.

Try — Cyl. glass (1 or 2 D) with axis parallel with blurred lines. If this improves vision, try increasing strength till correct. If this does not improve vision, try + Cyl. lens in same way.

B. 1. Clock hand dim in one direction, clear in opposite

= Simple;

put hand as dim;

(a) — Spher. glass corrects = " M^a substitute corresponding — Cyl.

(b) + Spher. glass corrects = " H^a substitute corresponding + Cyl.

2. Clock hand dim in all directions,
most dim in one = Compnd.,
- (a) put hand as least
dim, —Spher. glass
corrects ;
put hand as most dim,
—Cyl. glass added
corrects. } = „ M^{ic}.
- (b) put hand as least
dim, + Spher. glass
corrects ;
put hand as most dim,
+ Cyl. glass added
corrects. } = „ H^{ic}.
- C. With Snellen's radiating lines and Disc with
slit.
1. Lines dim in one meridian.
Spherical glasses ;—vision not
improved.
Slit parallel with dim lines ;—
vision normal. } = Simple;
- (a)—Cyl., with axis
parallel with dim
lines, corrects } = „ M^{ic}.
- (b)+Cyl., with axis
parallel with dim
lines, corrects } = „ H^{ic}.
2. Lines dim in all meridians,
most dim in one. Slit paral-
lel with most dim lines ;—
vision improved. } = Compnd.
- (a)—Spher. improves,
remove, and then
Slit parallel with most
dim lines, — Spher.
corrects ; remove slit,
and then
— Cyl., with axis
parallel with most
dim lines, corrects. } = „ M^{ic}.
- (b)+ Spher. improves,
remove, and then
Slit parallel with most
dim lines, + Spher.
corrects ; remove slit,
and then
+ Cyl., with axis
parallel with most
dim lines, corrects. } = „ H^{ic}.

Testing Astigmatism with Ophthalmoscope.

Direct method. Estimate refraction of faulty meridian by weakest concave or strongest convex lens behind sight-hole, with which vessels at right angles to this can be seen.

Retinoscopy. When mirror is rotated,

1. Shadow moves in one
meridian in same } = Simple Myopic
direction,
2. Shadow moves in one
meridian in opposite
direction, } = „ H^{ic}.
3. Shadow moves in
both meridians in same
direction, at different
rates, } = Compound M^{ic}.

4. Shadow moves in
both meridians in
opposite direction, at
different rates, } = Compound H^{ic}.
5. Shadow moves in one
meridian in same
direction, = M.
Shadow moves in other
meridian in opposite
direction, = H. } = Mixed

In Simple As, estimate meridian as in M and H. In Compound, estimate one meridian, correct this with Spher. lens in front of eye, and then estimate remaining error. In Mixed, correct one meridian with Spher. lens in front of eye, and then estimate other meridian ; difference between Spher. and second estimation gives refraction of second meridian.

(To be continued.)

CASE OF DOUBLE UTERUS WITH ATRESIA AND HÆMATOMETRA OF THE LEFT CHAMBER.

At the last annual meeting of the Canadian Medical Association, Dr. William Gardner read the following paper on a remarkable case of double uterus, with atresia and hæmatometra, which is well worthy of record in English medical literature.

The patient, a tall, slim, unhealthy-looking maiden, aged 18, was admitted to the gynecological department of the Montreal General Hospital, with a history of intense periodic pain in the loins, hips and hypogastrium. She had always been healthy till two years previous, when she began to grow rapidly, and to menstruate. Catamenia always scanty ; intervals three to six weeks. The flow attended with moderate pain. Nine months previous to entering the hospital she began to suffer from the pains described. The pain came on each afternoon or evening, and lasted several hours, with an interval of complete relief. Had noticed for some time a swelling of the lower part of the abdomen. No bladder symptoms ; appetite small ; no vomiting ; constipation troublesome. On palpation of abdomen, there is an elongated, smooth, very firm tumour extending from the left anterior superior spine of ilium to pubes. Two smaller projections attached to the larger one extend towards the right side of the pelvis. Patient etherised for vaginal and rectal examination. Hymen entire, but perforate. Immediately on entering the vagina the finger meets a very firm, smooth, at one point slightly elastic, mass, evidently the lower part of the hypogastric tumour described. On the left side the vaginal wall is pushed down by the tumour to near the orifice. On the right side and behind, the finger can be swept around the tumour to the upper part of the pelvis. No trace of vaginal portion to be detected. The only evidence of an opening is a slight linear furrow. An aspirator trocar was introduced, when a small quantity of thick chocolate-coloured blood escaped, thus clearing up the diagnosis. A bistoury was introduced, and a free incision made. Fifty fluid-ounces of thick, tarry blood escaped. After partial emptying of the sac it was

easy to feel the os uteri of the left patent chamber of the uterus. Double drainage-tubes were inserted within the opening and stitched to the edges, the ends protruding from the vagina. Irrigation every two hours with weak carbolic fluid was ordered. Within the first twenty-four hours the temperature ran up to 103°, but at the end of another day became normal. Very little pain. Patient did perfectly well for a week, but on the eighth day the tubes ulcerated out. Within twenty-four hours the temperature slowly rose to 101°. The patient was again etherised, a portion of the wall of the sac excised, the tubes again inserted, and irrigation resumed. But the temperature and pulse continued to rise. Three days later there was a rigor, followed by profuse sweating; then increase of pain, abdominal distension, left infra-mammary pain and pleuritic friction; vomiting, at first of mucus, then of coffee ground-like fluid; death nineteen days after operation. At the autopsy, general recent peritonitis, with profuse exudation of lymph. Bicornuate uterus; left chamber measures 1½ inches; the interior of the right chamber contained the thick menstrual blood-stained brown fluid. Right ovary somewhat enlarged, otherwise healthy. Left fallopian sacculated, the sacculi containing the same tarry fluid. A similar sacculated collection of the size of an orange, the walls of the sac being formed by the fimbriated extremity of the tube, the broad ligament and false membrane. Other smaller hæmatoceles were found about the left broad ligament and left border of the uterus. The left ovary could not be distinguished.

Dr. Gardner remarked upon the great rarity of the case. Professor Olshausen of Halle, Dr. Galabin of London, and Dr. John Homans of Boston, had, however, reported exactly similar cases. The prognosis in all such malformations is grave. The treatment, so far as it went, he believed to be the best that could have been adopted, but he regretted that when the condition of the patient became so desperate he had not opened the abdominal cavity, removed the left fallopian tube and ovary, opened the other hæmatocele collection, and drained the abdominal cavity. In view of certain recently published remarkable cases of acute and chronic peritonitis, similarly treated with success, he believed it possible that the patient might thus have been saved. Olshausen's case was treated by three successive tapings of the tumour through the vagina. Mild peritonitis resulted, but the patient recovered perfectly, and subsequently married and bore three children. In Dr. Homans' case, there being doubt as to the nature of the tumour, he opened the belly, clamped and removed the closed uterine chambers containing the altered blood, together with a diseased and distended fallopian tube and ovary, and introduced a drain. The patient recovered. Dr. Galabin's case was treated similarly to Dr. Gardner's, but less efficiently on account of the intractability of the patient and her friends. She died within a fortnight.

It is a curious circumstance that at the recent intermediate examination for the degree of M.B. of Manchester University, Manchester only sent in three candidates, of whom two failed, whilst Liverpool sent in six candidates, of whom six satisfied the examiners.

University, College, and Hospital Intelligence.

BIRMINGHAM.

THE STUDENTS' DINNER.—The students' annual dinner will be held on Thursday, November 19th. Mr. A. H. Nott has been appointed Hon. Sec., and if this should come under the notice of any gentleman wishing to attend, he is requested to communicate with the Secretary at Queen's College.

CHELSEA HOSPITAL FOR WOMEN.

RE-OPENING OF WARDS.—After being unoccupied for two years, the "Albert Edward" Floor, so named by permission of the Prince of Wales, and containing twenty beds, has this week been opened for patients. Nothing but lack of funds caused these wards to be closed, but the Board of Management could no longer refuse admission to the number of poor women who were in need of treatment. Although the existence of a £1,600 debt to their bankers, and the fact that the Hospital has neither endowment nor invested property to rely on, scarcely justified the Board in doing so, they undertook this responsibility, confident that the public would provide the necessary funds.

GUY'S HOSPITAL.

THE PHYSICAL SOCIETY.—A meeting of this Society was held on Thursday, 22nd inst., Mr. G. E. C. Anderson in the chair. About 90 members and friends were present. Mr. H. V. Rake read a paper on "Cremation." He first touched on the antiquity of cremation, and then gave the many arguments in favour of it, and disposed of those against, the chief of which, he said, was the medico-legal aspect, which, he thought, could be got over by a little more stringency in the medical certificates; concluding with a description of a crematorium, and the progress of the movement. The debate was opened by Mr. A. Martin, who complimented the reader on the able way in which he had treated the subject. The debate was carried on by Messrs. Bett, W. Clarke, R. H. Browne, De Mesquita, Phillips, Alexander, Moody-Ward, Rookley, and Foster. The meeting concluded with a hearty vote of thanks to Mr. H. V. Rake.

LONDON HOSPITAL.

STUDENTS' CHRISTIAN ASSOCIATION.—The annual meeting of the London Hospital Christian Association was held on Saturday evening, at the residence of Sir Andrew Clark, Bart. The chair was taken at 8 o'clock, and the meeting was addressed by members of the Hospital medical staff and other friends.

LIVERPOOL.

ST. PAUL'S EYE AND EAR HOSPITAL.—The annual meeting of the subscribers to the St. Paul's Eye and Ear Hospital was held on Monday, in the Mayor's Parlour, Town Hall; the Mayor (Alderman D. Radcliffe) presiding. In the thirteenth annual report the committee referred with extreme regret to the very large amount of unliquidated claims against the hospital. The great depression in trade during the past year had materially affected the receipts on account of donations and subscriptions, while the claims upon the hospital had greatly increased. The summary of cases showed that in 1884-85 the cases of diseases of the eye treated were 2,780, and of diseases of the ear 611. Of the cases, 379 had indoor treatment, of whom 210 were adults and 169 were children. The total number of attendances during the past year were 18,060. The subscription list was less in amount than that of the previous year. It consisted of 521 subscribers. The liabilities, amounting to £436 2s. 4d. (which includes the balance due to the contractors in respect of the necessary outlay), will have to be met during the current year. The Mayor, in moving the adoption of the balance sheet and report, said that the institution did a great amount of work, because of its central situation, and he thought that, considering this, it was a pity that the subscriptions should fall off as they had done, for the income of the hospital was by no means

increasing with the work of the institution; and he regretted to find that on the whole account they had altogether a deficit of £436. That ought not to be, and taking into account the usefulness of that institution, he thought it ought to receive at the hands of those in better positions, and especially those engaged in business at the centre of the town, more support, the more so when it was remembered that the services of the medical officers were given without fee or reward. A vote of thanks was given to the medical staff, and the committee was re-elected; and after a vote of thanks to the Mayor, the proceedings terminated.

ROYAL UNIVERSITY OF IRELAND.

PASS LIST.—The Degree of M.B.—Upper Pass Division.—Robert Abraham, Q.C.B.*; (a) Jerome Barry, Q.C.C.; † (a) W. G. Bigger, Q.C.B. and St. Thomas's Hospital, London; (a) Andrew Buchanan, Q.C.B.; (a) Hugh A. Clarke, Liverpool School of Medicine; (a) H. A. Cummins, Q.C.C.; (a) W. A. Fogarty, Q.C.C.; (a) John F. Haines, Q.C.C.; (a) J. S. Lyttle, Q.C.B.; (a) D. M'Donnell, C.U.; † (a) R. B. Mahon, Q.C.G.; † W. R. Orr, Q.C.B.; (a) J. J. Redfern, Q.C.B.; (a) B. Sumner, Royal Infirmary, Liverpool. Those marked thus (a) will be admitted to the further examination for honours.—**Passed.**—Arthur Atcock, Q.C.G. and Carmichael College; W. S. H. Briand, Q.C.C.; James Browne, Q.C.B.; Alexander T. Drake, Carmichael College; Michael P. Dunlea, Q.C.C.; John F. Eagleton, Q.C.G.; John Flynn, C.U.; Bernard Forde, C.U.; Charles J. Humphries, Q.C.B.; Francis J. Keyes, C.U.S.; Daniel T. Lane, Q.C.C.; Hugh A. Logan, Q.C.B.; Charles J. Macdonald, Q.C.C.; David J. M'Kinney, Q.C.B.; John Memary, Q.C.B.; Michael J. Moran, C.U.; S. Moore, Q.C.B.; W. H. Munro, Q.C.G. and B.; J. W. Oliver, Q.C.B.; W. R. Scott, Q.C.B.; F. H. Sinclair, Q.C.B. and Trinity College, Dublin; T. D. Smyth, Q.C.B. and University of Edinburgh; E. A. Spiller, Q.C.B.; A. S. Thompson, Q.C.B.; H. Walter, School of Physic, Trinity College; W. A. Whitelegge, Q.C.C.

PASS LIST.—Second Examination in Medicine.—The Examiners have agreed to recommend that the following candidates be adjudged to have passed the examination:—**Upper Pass Division.**—(a) David C. Campbell, Q.C.B.; James B. Coleman, Q.C.G. and Carmichael School of Medicine; (a) E. Corcoran, Carmichael School of Medicine; (a) R. R. Davidson, Q.C.C.; Robert John Duffin, Q.C.C.; T. E. Dunne, Carmichael School of Medicine; (a) E. R. Hennessy, Q.C.C.; (a) W. Kelloher, Q.C.C.; (a) J. M'Gennis, Q.C.G.; (a) R. Nelson, Q.C.B.; F. J. Perrott, Q.C.C.; (a) Simon Ryan, Q.C.B.; J. Stewart, Q.C.G.; (a) W. Weatherup, Q.C.B. Those marked thus (a) will be admitted to the further examination for honours.—**Pass.**—Robert Bryans, Q.C.B.; Edward R. Crofton, Q.C.B.; J. M. J. Downer, Q.C.B.; Jno. J. Egan, C.U.; W. M. Elliott, Q.C.B.; W. E. St. L. Finny, Trinity College, Dublin; J. W. Fogarty, Q.C.G. and C.U.; J. J. Gordon, Q.C.C.; J. J. Griffin, Q.C.C.; Walter M. Hamilton, Q.C.G. and B.; T. S. Hogg, Q.C.G. and B.; J. Hunter, Q.C.B.; W. Kerr, C.U.; W. M. Killen, Q.C.B.; Thos. J. Lenehan, Carmichael and Trinity College; W. M'Cord, Ledwith School of Medicine; Peter M'Kenna, Royal College of Surgeons and C.U.; H. L. M'Kisack, Q.C.B.; E. J. M'Weney, C.U.; Charles Hugh Murray, C.U.; Patrick J. O'Brien, Q.C.C.; Laurence O'Clery, Q.C.C.; Matthew O'Halloran, Q.C.B.; W. J. O'Meara, Q.C.C.; John F. J. Pettigrew, Q.C.B.; E. W. Ryan, Q.C.C.; M. Semple, Q.C.G. Pass in subjects necessary to complete the second examination in medicine.—Richard C. M'Oullagh, Q.C.B.

ST. MARY'S HOSPITAL.

THE FOOTBALL CLUB.—A general meeting was held on Oct. 23rd, when it was decided to establish an Association Club, and the following gentlemen were elected as officers for the ensuing season:—Captain, Mr. F. C. Cardew; Secretary, Mr. P. J. Kingston; Committee, Messrs. F. Pridham, J. Harrison, E. O. Kingdon, P. N. Jones, J. R. Fuller.

*Q.C.B., Queen's College, Belfast; †Q.C.G., Queen's College, Galway; †Q.C.C., Queen's College, Cork; †C.U., Catholic University School of Medicine.

THE CRICKET CLUB.—At the annual general meeting, held on Monday, October 28th, the following were elected officers for the ensuing year:—President, Mr. G. A. Critchett; Hon. Sec., Mr. H. Kerahaw; Hon. Treasurer, Mr. F. C. Cardew; Captain, Mr. W. G. Farquharson; Committee, Messrs. C. D. Leyden, T. B. Hill, H. A. Kidd, R. T. Manifold, E. C. Anderson.

WESTMINSTER HOSPITAL.

ENTRANCE SCHOLARSHIPS.—The entrance scholarships, of the value of £80 and £40, have been awarded to Messrs. Matthews and Groves.

THE FOOTBALL CLUB.—The football season has commenced well. Four matches have been played. The Hospital team were successful against Gravesend, the Veterinary College, and King's College School. The remaining match, against Highgate, resulted in a draw.

Examination Questions.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

The following questions were given at the October Examination for the License to Practice:—

Medicine and Pathology.—1. Give the symptoms of Addison's disease, and state what you know of the pathology of this affection. 2. Describe as fully as you can the process by which a cavity is formed in the lung in the course of chronic phthisis, and give the symptoms and physical signs from which you would conclude that a cavity was present. 3. What is the most common cause of stricture of the oesophagus? What are the symptoms of this affection, and with what other morbid conditions may it be confounded? 4. Enumerate the most important symptoms which are met with in advanced cases of chronic Bright's disease. 5. Describe fully the physical signs which indicate narrowing of the mitral orifices. 6. Give the symptoms of the disease known as spastic spinal paralysis, and describe the pathological changes on which these symptoms depend.

Practice of Medicine and Therapeutics.—1. For what other eruptions may that of scarlet fever be mistaken; and how would you make a differential diagnosis? 2. What are the principal symptoms associated with oxaluria? How is its existence determined, and the condition itself treated? 3. Describe the various means in use for reducing the temperature of the body in fever. 4. What are the various causes of painful swelling of the joints, exclusive of direct injury? 5. Give the symptoms, course, and sequela of acute desquamative nephritis. 6. What food would you allow an adult suffering from enteric fever to have during the first three weeks of his illness; and what modifications therein would you order if—(a) diarrhoea, or (b) constipation, was a prominent symptom? (N.B.—All prescriptions given in answer to any of the questions in this paper are to be written in full, and to include suitable directions.)

Midwifery and the Diseases of Women.—1. Describe accurately the management of the third stage of labour. 2. What are the various causes of delay in the second stage of labour (head presentation)? 3. Describe the different varieties of uterine fibroid tumours, also the symptoms they give rise to. 4. How would you treat a case of threatened abortion with hæmorrhage at about the fourth month of pregnancy? 5. What set of symptoms does subinvolution of the uterus give rise to?

Medical Jurisprudence.—1. What are the tests for arsenic? 2. What are the symptoms of chronic antimonial poisoning during life? Describe the pathological appearances after death. 3. What are appearances of frost-bite? How are they distinguished from those of burns?

Hygiene.—1. In laying out the sewerage of a new house, describe how you would prevent the reflux of sewer gas into the house. What are the ordinary components of sewer gas? 2. What are the dangers of lead pipes or cisterns in distributing a town's water supply among the houses? Is there any relation between the purity of the water supply and this danger? How are lead pipes, &c., guarded against lead absorption in the case of a water nearly chemically pure?

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

FIRST EXAMINATION, OCTOBER 27, 1885.

Elementary Physiology.—1. Name the tissues under microscopes A, B, C. By what characteristics do you recognise them? 2. Describe the effect upon freshly-drawn blood of whipping it with a bundle of twigs. 3. What is the general construction of that part of the respiratory apparatus in which the interchange of gases in respiration takes place? 4. What classes of food-stuffs are represented in wheaten bread and eggs? 5. What are the forces concerned in the circulation of the blood? 6. What is a warm-blooded animal? Give an example. What is the normal temperature of man, and how is it determined?

NOTICES.

We desire to thank our Local Secretaries and other friends for the extra efforts they have recently put forth in keeping us supplied with news, &c., and in assisting to secure new supporters among their friends. We are happy to state that the result has been that during the past month we have added to our list a larger number of new subscribers than we have done during the first month of the winter session for some years.

The Hospital Gazette.

SATURDAY, OCTOBER 31, 1885.

EDITORIAL AND PERSONAL.

We are pleased to announce that Mr. Henry E. Skyrme, of the London Hospital, has obtained the Gold Medal annually offered by the Society of Apothecaries, for "Materia Medica and Chemistry," and that the second prize has been awarded to Mr. W. F. Edridge-Green, local secretary for the HOSPITAL GAZETTE at St. Bartholomew's Hospital.

The following awards have been made at University College, London:—Medical Entrance Exhibitions—£100, Mr. T. L. Pennell; £60, Mr. S. B. Mitra; £40, Mr. J. J. Macnamara. Andrew's Entrance Prizes of £20 each—for Science, Mr. O. F. T. Blyth; for English and other languages, Mr. Arthur Vaughan. Gilchrist Entrance Engineering Scholarship (£35 for two years)—Mr. R. J. Durley.

At Birmingham, Hospital Sunday has come round once more; and the statistics at present to hand show that the Midland Metropolis—the birth-place of both Hospital Sunday and Saturday—will more than sustain its reputation.

It is rumoured that the day is not far distant when women students shall be admitted to the Birmingham Medical School; indeed, the Clinical Board have already opened the Hospitals to them. To our mind, two or three girls in a dissecting-room full of male students, or in the out-patient room under like conditions, is anything but an edifying sight, and is not calculated to increase man's idea of woman's modesty.

REFERRING to the recent establishment of two Schools of Medicine for Women in Canada, one at Toronto and the other at Kingston, Dr. Osler, Professor of Clinical Medicine in the University of Pennsylvania, says:—"Of this latest development, there cannot but be a feeling of regret that our friends in these cities should have entered upon undertakings so needless in this country. It is useless manufacturing articles for which there is no market, and in Canada the people have not yet reached the condition in which the lady doctor finds a suitable environment. Look at the facts as they are; even the larger cities can only support one or two; in fact, Quebec and Montreal have none, and in the smaller towns and villages of this country she would starve. For the sake of educating six or eight women annually, of whom at least three or four will go abroad, two more medical schools have been established, with full staffs of professors and teachers. We can but hope that at the expiration of the five years, for which kind friends have guaranteed the expenses, the promoters of these institutions will be in a position to place their energies and funds at the disposal of the schools devoted to the sterner sex. Do not understand from these remarks that I am in any way hostile to the admission of women to our ranks; on the contrary, my sympathies are entirely with them in the attempt to work out the problem as to how far they can succeed in such an arduous profession as that of medicine." According to this high authority, medical women appear to be almost as great a failure in Canada as they have been in England.

THE history of madness in the Department of the Seine for the last eighty years is well told in a report just issued by the Prefect. There are now six times as many lunatics in Paris as there were in 1801, whereas there are scarcely three times as many inhabitants in the capital. During the three years ending with 1883 the average number of persons confined as lunatics was 3,509, against an average of 2,714 in the ten years ending 1880. A curious fact is that down to 1866 the number of female lunatics exceeded that of the male; but since that date the men have predominated in an increasing ratio, and now supply nearly 56 per cent. of the total, against about 44 per cent. of women patients. The number of the married and the single are almost exactly equal. The chief of the "physical" causes producing mental disease is excessive drinking, which is responsible for 562 cases out of the 1,067 admitted in the year. Of the "moral" causes "domestic trouble" stands first, with 59 cases; and after it in order come "money losses," alarm, surprise, domestic affliction, and religious mania, which last appears to be comparatively rare in Paris.

A MEETING of the Council of the Medical Defence Association was held at the offices of the Association, 60, Chandos Street, Covent Garden, on the 23rd inst., Dr. Richardson, F.R.S., in the chair. Several new members were nominated, and duly elected. Complaints were received as to unqualified practice, from Leicester, Landport, and other places,

and the solicitors were instructed to investigate the cases, with a view to prosecution. A letter was read from Dr. David R. Pearson, of Kensington, suggesting that the usefulness of the Association might be considerably extended by affording assistance to medical men who are threatened with litigation, or against whom charges of malpractices or other grave accusations have been made, for the purpose of extortion. The President said it had struck him recently that the Association might do a vast amount of good in the direction suggested by Dr. Pearson. Medical men often submitted to gross imposition and extortion from fear, and the conviction of their inability to get the best legal assistance, except at a ruinous cost, when they would, if supported by their professional brethren, be encouraged to face their difficulties, and come out of the trial satisfactorily. The Edwards, Haffenden, and Bradley cases showed the necessity for such assistance. These cases might have had less unhappy terminations had sound advice and kindly sympathy and help been within reach in the hour of trial. The Hon. Sec., Mr. George Brown, pointed out that the suggested extension of the operations could only be carried out by altering the bye-laws of the Association, which must be done at a general meeting of the members, and it was resolved to convene a special meeting at an early date, for the purpose of altering the bye-laws, so as to extend the powers of the Council.

We need make no excuse to our readers for reprinting, in another column, the report of the Paris correspondent of the *Times* on the remarkable and most important researches of Professor Pasteur on hydrophobia, which have resulted in his placing within reach of the profession throughout the world a cure for this most dreaded and fatal curse. As we have reported from time to time, deaths from hydrophobia have been increasing at an alarming rate of late, and we, therefore, hail with delight anything which promises to rob the disease of its terrors, and give us the power to treat its victims with success. Our only regret in the matter is that the rich field of science, so successfully worked by Continental labourers, is hermetically sealed to the British investigator by the Vivisection Act. There is reason to believe that British medical science would have solved this problem, and others almost as important, had those among us who are willing to devote their lives to original research for the good of mankind, been permitted to pursue their investigations untrammelled by the vexatious obstructions of the Vivisection Act. We have no hesitation in saying that this legislative measure, begotten of fanaticism and ignorance, has, every year since it received the Royal Assent, cost England many dear and precious lives.

THE DOCTORATE FOR LONDON STUDENTS.

THE question of conferring the doctorate in medicine on those students who succeed in passing the examinations instituted under the Conjoint Board of the Royal College of Physicians of London, and the Royal College of Surgeons of England, is at last settled in the only satisfactory manner possible, and the fulfilment of long-cherished hopes appears at

length to be well in view. We very recently referred to the fact that the scheme was under the consideration of the Royal College of Physicians, and after being twice adjourned, the discussion was terminated last week, when the Council of the College was directed by a large majority of the Fellows in meeting assembled to give effect to the following resolution: "That it is desirable that persons examined by the Royal College of Physicians of London, and the Royal College of Surgeons of England, conjointly, and found duly qualified, should, in virtue of that examination, have a degree in medicine and surgery conferred upon them."

It is easy to understand why it came about that the chief opposition to the movement came from representatives of Scotch Universities. These institutions have, for a long period of years, reaped a rich income from fees paid into their coffers by English students; and the latter have been attracted to them by the facilities they afford for obtaining the coveted help of a *degree* as an aid to successful practice; while the tax incurred in this connection, both intellectual and pecuniary, is proverbially less severe than that exacted from candidates for the double qualification of L.R.C.P.Lond. and M.B.C.S.Eng. To this has it been due that the London schools, with all their unrivalled clinical advantages, have failed of successful competition with the Universities of Edinburgh, Aberdeen, &c.; and to the glaring injustice thus inflicted is it mainly due also that the urgent necessity of reform has at length appealed, with such inevitable force, to the powers that be. Opposition, however, of such an obviously transparent nature, must be wholly ineffectual; and it is best to regard it in its true light as a despairing effort to seize a last hold on privileges so unreasonably and so injuriously exercised.

On broad principles of question, it is most deplorable that students who conscientiously carry out the self-denying and exacting programme of the Conjoint Board, and who are really entitled to the highest distinctions of average success, should be placed at a disadvantage, in the matter of titles, with others who, after a less severe and less repressive probation, become possessed of a qualification which, in the eyes of our undiscriminating public, carries an inferior value. The time has arrived when such anomalies ought not to exist; it has further arrived when their existence is doomed to speedy extinction.

At present we have arrived at only the first, though certainly the most important, stage towards obtaining the M.D. for London students. The next step is for the colleges to acquire the *power* to grant degrees; and probably this will be received through a Royal Charter, incorporating them either as a medical University, or as the medical faculty of a new University. This will be a simpler and more rapid process than incorporation by Act of Parliament, for it is certain that any Bill introduced with such an object will be bitterly opposed by the Scotch bodies, which have so much to gain by maintaining the *status quo*. That the end is at hand we gladly believe, and we feel convinced that when students are fully awakened to the important crisis before them, they will heartily support the movement initiated in their interest.

DR. HEYWOOD SMITH AND THE ARMSTRONG CASE.

WHEN the filthy so-called "revelations" of the *Pall Mall Gazette* "Secret Commission" were scattered broadcast throughout the country, we were strongly inclined to believe that the story about doctors in London taking fees for certifying as to the virginity of little girls, who had been sold for brothel life, was a pure invention; but the evidence brought to light by the prosecution in this disgusting case shows that there was a sub-stratum of truth for the *Pall Mall* assertions. With feelings of deep shame we learn from last Tuesday's proceedings at the Central Criminal Court that Messrs. Stead, Booth, and Co. found only a too ready tool for carrying out their scheme to make up a startling sensation for the British public.

Had it been some impecunious and broken-down member of the profession who had thus acted, we should not have been so much surprised, but should have been content to let the matter pass with simply an expression of our pity and contempt for our misguided brother. But the position occupied by Dr. Heywood Smith in the professional world is such that it behoves everyone who respects the honour of his profession to repudiate, in the strongest manner possible, any sympathy with his proceedings in regard to the examination of the poor child, Eliza Armstrong. What his share in the transaction was will, to some extent, be seen from his own evidence, which we reprint from one of the daily papers:—

Dr. Heywood Smith said, in reply to the Attorney-General, that he was not a member of the Salvation Army, but was indirectly connected with them as a friend. He knew Mr. Bramwell Booth. Between 2 and 3 o'clock on the morning of June 4th witness went to a house in Nottingham Place. He had arranged to go with Mr. Stead, and he saw Mr. Booth before he went, but he did not think his interview with him had reference to the case. Mr. Booth introduced Mr. Stead to him about the end of May, in order that he might help him in the investigations he was about to make. He arranged with Mr. Stead to go to Nottingham Place about 11 o'clock on the night of the 3rd of June. Mr. Stead came to witness's house. Eliza Armstrong and Jarrett came with him. Mr. Stead first came in and spoke to him. Then Jarrett and Eliza Armstrong followed. They remained half an hour. Witness did not do anything at all to Eliza at his house. When they left witness knew where they were going. He gave them a letter to a Miss Hutchinson at 27, Nottingham Place, asking her to take in "Mrs. Sullivan" and the child who accompanied her, and he called it "an urgent case—money no object." He gave it to Mr. Stead. Jarrett, Mr. Stead, and Eliza Armstrong left in a cab. At 2 o'clock witness went to Nottingham Place. Miss Hutchinson let him in. She had taken in patients for him before. He knew that she belonged to the Salvation Army. Mr. Stead was not there. Witness gave Miss Hutchinson some chloroform, and instructed her to give it to the child. He went into the room while the chloroform was administered. Jarrett was in another bed to that in which the child was. The chloroform took effect upon the child, and witness examined her. He fully understood and believed that the child had been purchased. Jarrett was present, but Miss Hutchinson was not in the room during the examination. Witness left the room, and subsequently wrote out a certificate to Mr. Stead, under cover to Mr. Booth. He put it in an envelope and directed it to Mr. Bramwell Booth. The certificate was to the effect that he had examined Eliza Armstrong and found her pure. He could not say when he next saw Mr. Booth. Witness had never made such an examination before. Mr. Stead paid him £3 3s. subsequently. He put in the letter "money no object" so that Miss Hutchinson might take them in for the night. She was not in the habit of taking in patients

for one night. Mr. Stead said he had purchased the girl with the knowledge of the parents that it was for an immoral purpose. Mr. Stead said he intended to rescue the girl, and that she was to be placed in the hands of the Salvation Army people, who would take care of her, and it was very important that the persons who were going to rescue her should know that she was a pure girl. Witness was told that the girl had been taken to a Frenchwoman to be examined, and that she had sold some chloroform to Mr. Stead to drug her. Witness was told that the chloroform had cost 30s. In saying that, Mr. Stead was narrating what had previously happened, and he gave witness to understand that the Frenchwoman had said that the child was pure. No other girl had been brought to witness who had been in the hands of the Frenchwoman. Witness was to examine the girl again, because she had been in a brothel with Mr. Stead, and in case anyone should say anything against Mr. Stead. He knew from Mr. Stead that night that the girl was to be given over to the Salvation Army. He could not say that Mr. Stead did not tell him to send the certificate to Mr. Bramwell Booth, because he required it. He could not give any other reason for sending the certificate to Mr. Booth, except that the Salvation Army was going to take the child. It was highly probable that he had some subsequent conversation with Mr. Booth about the matter. It was from him that witness understood the girl had been sent to France, but he did not know where. He had been in communication with Mr. Stead and Mr. Booth up to the present time.

Examined by Mr. Waddy.—Previous to this he had had conversations with Mr. Booth and Mr. Stead about the wickedness he believed to be going on in London with regard to young girls, and they were highly indignant about it. Mr. Booth, in introducing him to Mr. Stead, asked witness to give him every information he could on the terrible subject. Until the child passed out of witness's hands on June 4th, Mr. Booth had nothing whatever to do with the child. He saw Mr. Booth the same evening with reference to the case before the examination was made between 10 and 11. Witness was told by Mr. Stead that the child had gone through the form of being placed in a brothel, and that, after that ceremony had been gone through, the girl was a pure girl. Mr. Stead said he intended to stand between the child and all harm, that he should send her to the Salvation Army to be saved, that his only object was to save the child from a life of infamy, and that he had prevailed on Mr. Bramwell Booth to take her. Mr. Stead also said that seeing the child had been in a brothel it was absolutely necessary for his own protection, and that of Mr. Booth, that the certificate should be given.

Such is Dr. Smith's story, truthful no doubt as far as it goes, and a very sorry one it is, one also that will create a great sensation among his professional brethren both at home and abroad. With such facts in the knowledge of the police, he will have to be congratulated if he is not placed on his trial.

But although he may escape from trial by jury on a criminal charge, he will not be let off so easily by the profession. He will be expected to give some better explanation for being a party to what we cannot but describe as an unwarrantable outrage on a defenceless child, than that he did it to protect Mr. Stead and Bramwell Booth. Dr. Heywood Smith is a member of the Royal College of Physicians of London, and, we believe, Fellow of the Royal Medico-Chirurgical and other Societies. The honour of these professional bodies must, if possible, be preserved, and we have no doubt the executive officials of the various corporations and societies to which Dr. Smith has been admitted will lose no time in demanding from him further explanations. There are some important medico-ethical points in regard to the time and manner of the examination, to which we may refer in a future article.

The Operating Theatre.

WESTMINSTER HOSPITAL.

About forty or fifty spectators witnessed the operations on Tuesday.

AMPUTATION OF HIP JOINT.

Mr. Cowell amputated the hip joint in a boy aged 12, who had a rapidly growing sarcoma of the lower end of the femur. Mr. Davy compressed the common iliac artery with his lever, and the operation was practically bloodless. Mr. Cowell transfixed the joint by entering the knife midway between ant. super. spine and great troch. and bringing it out in front of tuber ischii. The ant. flap was then cut, the bone disarticulated, the post. flap cut, drainage tube inserted, and the flaps brought neatly together. The antiseptic spray was used.

The other operations, though small, were instructive, viz., Mr. Cowell operated for pannus of the cornea, by removing a portion of the conjunctiva; excision of the breast; and scraping tarsal bones for caries.

ST. BARTHOLOMEW'S HOSPITAL.

THURSDAY, OCTOBER 15TH.—To-day at least two hundred and fifty students assembled in the operating theatre, when the usual weekly "consultation" took place. This consultation conference is an institution which exists in but very few London hospitals—in fact, until recently, we believe, St. Bartholomew's was the only hospital in London where it had been adopted.

On "consultation" day those patients who are suffering from diseases which it is probable may be relieved or cured by surgical measures, are brought into the theatre, one by one, placed on the operating table, and examined by each surgeon present. After the examination has been completed, the patient is taken back to the wards, and each surgeon gives his opinion upon the nature of the case, and the propriety of performing an operation. The surgeon in charge of the case first gives his views, after which all the others follow, commencing with the senior surgeon, and so on, in rotation, to the junior member of the staff. As a rule, the surgeons are pretty unanimous, but at times there are wide differences of opinion; and it is both interesting and highly instructive to the students to hear the various opinions and the reasons which guide the surgeons in recommending the treatment they would severally adopt.

The most interesting case examined to-day was that of a man, sixty-four years of age, who had been in the wards for some time, under the care of Dr. Andrew, with a large pulsating tumour in the left hypochondriac region, extending almost to the epigastrium. Medical treatment having failed to effect an improvement, Dr. Andrew had asked Mr. Savory to take the case, with a view to surgical treatment.

The patient having undergone careful examination,

Mr. Savory said there could be no doubt as to the existence of a large pulsating tumour, but there was considerable room for doubt as to its exact

nature. From its position it was probably one of two things: a splenic aneurism, or a malignant growth from the spine. He was inclined to the opinion that it was aneurismal, and then the question arose, What should be done? Was it a case in which the artery should be ligatured? This was a most formidable operation, and in this case he did not think the chance of success sufficient to justify him in undertaking it. He rather inclined to treatment by puncture, and injection of some astringent fluid to promote coagulation.

Mr. Thomas Smith believed the tumour was an aneurism, and agreed with Mr. Savory that the case was an unfavourable one for operation; he would advise treatment by electrolysis.

Mr. Willett agreed with Mr. Savory and Mr. Smith, as to the tumour being splenic aneurism, but would recommend an exploratory incision into abdomen to confirm diagnosis, and to determine as to the treatment by ligature or otherwise; a view in which Mr. Marsh, and most of the other surgeons, concurred.

Mr. Savory said that notwithstanding most of his colleagues were in favour of abdominal section, he would not adopt that plan for the present.

We understand that Mr. Savory has since punctured the tumour, and injected with solution of tannin, with some improvement in the condition of the patient.

Several other interesting cases were brought into the theatre, including a case of supposed renal calculus, under the care of Mr. Smith, all the surgeons being agreed as to diagnosis, but suggested postponement of the operation until the symptoms became more urgent; and a case, under Mr. Langton, of pulsating swelling around the knee-joint in a middle-aged man, which had existed for some years, but had lately increased rapidly. The patient had been in the London Hospital about two years ago, but was discharged without anything being done. The swelling commenced at the back of knee-joint, and simulated aneurism of the popliteal artery. The opinions of the surgeons differed as to diagnosis, but the majority were in favour of the view that it was a myeloid growth from the femur, and that amputation would be necessary, but should be deferred for the present, as the man was not so much inconvenienced by it as to be unable to perform his daily labour.

DISCOVERY OF A CURE FOR HYDROPHOBIA.

By PROFESSOR PASTEUR.

THE Paris correspondent of *The Times*, to whom the medical profession in this country are usually indebted for the first intelligence of the most important medical events which take place in France, wires as follows from Paris on the 27th inst.:—"At the Academy of Medicine to-day I heard M. Pasteur read a paper on the treatment of hydrophobia, which he submitted yesterday to the Academy of Sciences, where it produced a great impression—as, indeed, it is destined to do all over the world. The readers of the *Times* have on several occasions heard of the object of the illustrious *savant's* researches for several years past—namely, the cure of hydrophobia. Considering that this malady is communicative to man by a most common, most faithful, and winning domestic animal, warm gratitude must be felt to this public benefactor, who has for years been exposing himself to contact with mad dogs for the purpose of discovering a remedy . . . The experiments which he has conducted have been laborious, requiring great watchfulness and accuracy. Only after having experimented on hundreds of dogs and rabbits, has M. Pasteur succeeded in obtaining the hydro-

phobic virus, inoculation with which is not only a means of preventing the disease among dogs, but a remedy, if taken in time, for hydrophobia in those who have been bitten. It was necessary to perform experiments, not only on animals, but on men. This was a serious matter. In July, at a dinner at which I was present, M. Pasteur stated that he had experimented with success on a man in a hospital, but that he wished to say nothing of the results, as a single case did not seem to him sufficiently conclusive. However, to-day, M. Pasteur spoke of a second case, which was conclusive, and of a third, which was in course of treatment. A boy, 12 years of age, named Meister, had come from Alsace with his mother. He had been bitten 14 times. The autopsy of the dog which had bitten him left no doubt that it had suffered from hydrophobia. M. Pasteur took the celebrated Dr. Vulpian, and a professor of the School of Medicine, to see Meister. The two doctors stated that he was doomed to a painful death, and might be experimented upon. The treatment thoroughly succeeded, and Meister is in perfect health. When the treatment began he had been bitten 60 hours, and had travelled from Alsace to Paris. A shepherd boy of 16, named Judith, bitten a fortnight ago, has been now a week under treatment, and M. Pasteur is confident of curing him.

"M. Pasteur read his paper this afternoon in a crowded hall, and the president of the Academy of Medicine remarked that this would be one of the most important sittings, if not the most important, ever held by that body. The gallery applauded enthusiastically, but the academicians could not be expected to do the same. Human nature is ever the same, and an assembly of doctors does not find it palatable to acknowledge that a man of genius, not in their ranks, has discovered a remedy for a malady all along declared by them incurable.

"One of the leading doctors present remarked to me that the question was whether a man cured of hydrophobia could suffer from a second bite—in other words, whether the inoculation of the virus is a guarantee against hydrophobia. Now, M. Pasteur states that the malady is transmissible only by a bite. If, therefore, by a general and compulsory inoculation of dogs for several generations, they were made incapable of hydrophobia, the malady would have disappeared, and there will be no occasion to ask whether the inoculation has permanent effects.

"As to the origin of hydrophobia, M. Pasteur always says that nobody in the world can explain primal causes. As he remarked to-day, perhaps out of politeness, his theory will require study by the profession, in order to be made practical, but he emphatically stated that a cure for hydrophobia had been found. I am not going into the details of his remedy. I speak of the subject only from a philanthropic point of view. Scientific men will enter upon a discussion of the theory, which would be here out of place. Of course, what has to be done is to cultivate a hydrophobic virus which has prophylactic qualities, and this virus is formed by means of the marrow of rabbits which have been made hydrophobic. Dissolved in solution, it furnishes a preservative and curative virus, capable of being inoculated in a fluid state. This is a scientific triumph worth all the conquests in the world, and in any other country such a man as this discoverer would be glorified at once. His name would be given to streets and squares. Statues would be erected to him in his lifetime. In France these honours are reserved for 'le premier du de Paris.' M. Jules Guérin, a medical man, whom the laurels of M. Pasteur annoy beyond measure, rose to-day to make an attempt to call in question the wonderful conclusions of the great man of science, but he did so in the midst of the strongest marks of disapprobation. When M. Pasteur has concluded his experiments on the hydrophobic virus, if he could turn his attention to the microbes of envy, and cure this wicked world of that horrible infirmity, he would bestow on humanity a new benefit, and add a new glory to that which he has already won."

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 22nd inst., viz., Messrs.

Richard Andrews, L.S.A., New Malden, student of St. Thomas's Hospital; Frederick John Jaynes, L.S.A., Worthington Grange, Gloucestershire, of Middlesex Hospital; Edward Herbert Young, L.S.A., St. John Street, Stamford, of University College; Robert Briggs Wild, L.S.A., Wethington; Thomas Walmaley Heywood, L.K.Q.C.P.I., Southport; Herbert Strange Hall, Leigh, Lancashire; and Frederick Edge, Manchester, of the Royal Infirmary, Manchester; Edward Phillips, L.R.C.P.Ed., Birmingham, of Birmingham General Hospital; Francis Henry Mead, M.B., Durham, Taunton, of Newcastle and St. George's Hospital; Robert Chambers Owen, L.K.Q.C.P.I., Liverpool Royal Infirmary; Oscar James M'Cully, M.D., McGill College, Montreal; John Mac Gregor, L.R.C.P.Ed., Edinburgh, of the University of Edinburgh; Alfred Reuben Aubrey, M.B.Durham, Salisbury, of Newcastle and Bristol; George Forden, L.S.A., York, of Leeds General Infirmary; James Matthew Robson, M.B. Durham, North Shields, of Newcastle-on-Tyne Infirmary; Michael Aloock Ottley, L.K.Q.C.P.I., Sheffield, of Dublin and Sheffield General Infirmary. The following gentlemen were admitted members of the College on the 24th inst., viz.:—Messrs. Alfred George Francis, L.S.A., South Church, Essex; George Frederick Aldous, L.S.A., Petersfield, student of St. Bartholomew's Hospital; Wilberforce Thompson, L.S.A., Bardsey, near Leeds; George Henry Oliver, L.S.A., Doncaster, of Leeds General Infirmary; Edmund Taylor Milner, L.S.A., Salford, Manchester; Alfred Alexander Mumford, L.S.A., Manchester, of Manchester Royal Infirmary; Charles Jenner Parson, L.S.A., Godalming, of University College; Herbert Edward Rayner, L.R.C.P.London, Colchester, of the London Hospital; Frederic Charles Larkin, L.S.A., Everton; William Arthur Martin, L.R.C.P.Ed., Craik, N.B., of Liverpool Royal Infirmary; Ernest Farr, L.S.A., Hammersmith, of Charing Cross Hospital; George M'Nair, West Dulwich, of King's College; Arthur Deaker Owen, L.S.A., Totnes, Devon, of Birmingham and London Hospital; Upendra Krishna Dutt, L.S.A., Leicester, of St. Mary's Hospital; Sorabji Manekji, L.M. and S. Bombay, Whitehall Gardens, of the Grant Medical College, Bombay.—The following gentlemen were admitted members of the College on the 26th inst., viz.:—Messrs. Robert Ashton Bostock, L.S.A.; Ralph Hodgson, L.R.C.P.Lond.; Arthur Holdsworth Davis, L.R.C.P.Lond.; Reginald Samuel Orme Duffield, L.R.C.P.Lond.; Augustus Charles Dove, Robert David Barber, Arthur Lucas Morgan, Harold Cecil Halsted, and Benjamin James Inniss, students of St. Bartholomew's Hospital; Charles Wade, L.R.C.P.Lond., of London Hospital; Charles John Holton, L.S.A., of University College; Francis William Jollye, L.S.A., of King's College; William George Holloway, and Ernest Henry Richmond Watts, of Cambridge and St. George's Hospital; Charles J. Glasson, of Bristol; Henry Octavius Preston, Petrus Johannes de Nysson, and Leonard Remfry, of St. George's Hospital; Hugh Vallance and Frederick William Farr, of Guy's Hospital; George Brooks French, of the Edinburgh University; Henry Pope, of Leeds; and Edward Leonard Fox, of Cambridge and St. Bartholomew's Hospital.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, October 15th, 1885.—John Alexander Gillett, Brooke, Norwich; Arthur Meyrick Jones, M.R.C.S., Wellow Vicarage, Romsey, Hants; William Arthur John Nottingham, 2, Stavordale Road, Drayton Park, Southsea; John Acton Southern, M.R.C.S., 57, Darnley Road, E.; Albert William Webb, M.R.C.S., 11, Pyrland Road, Canonbury, N. On the same day, the following gentleman passed his examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise:—Morran Ignatius Finucane, Wilton House, Shaftesbury Road; John Girling, Wyvenhoe Lodge, Colchester.

VACANCIES.—The following vacancies are announced:—Ancoats Hospital and Dispensary, Manchester. Senior House Surgeon. Salary, £50 per annum. Applications by October 31st.—Ancoats Hospital and Dispensary, Manchester. Junior Resident House Surgeon. Salary, £50 per annum. Applications by October 31st.—City of London Hospital for Diseases of the Chest, Victoria Park, E. Surgeon. Applications to T. Storror-Raist, Secretary, 24, Finsbury

Circus, E.C., by November 11th.—Eastern Counties' Asylum for Idiots, Colchester. Resident Medical Attendant. Salary £100 per annum, with furnished apartments in the Asylum, board, and washing. Applications by November 7th.—Grosvener Hospital for Women and Children, Vincent Square, Westminster. Physician. Applications by November 9th.—Grosvener Hospital for Women and Children, Vincent Square, Westminster. Chloroformist. Applications by November 9th.—Hospital for Diseases of the Throat, Golden Square, W. Resident Medical Officer. Salary £100 per annum. Applications by November 17th.—Hospital for Women, Soho Square, W. Pathologist and Registrar. Salary 70 guineas per annum. Applications by October 31st.—Jaffray Suburban Branch of the General Hospital, Gravelly Hill, near Birmingham. Resident Medical Officer. Salary, £150 per annum. Applications by November 2nd.—Manchester Hospital for Consumption. Honorary Physician. Application by October 31st.—National Hospital for the Paralyzed and Epileptic, Queen Square, Bloomsbury. House Physician. Applications by November 5th.—North London Hospital for Consumption, Hampstead. Resident Medical Officer. Salary, together with board and rooms in the hospital, £40 per annum. Applications by October 29th.—Owens College, Manchester. Professor of Physiology. Applications by November 9th.—Ripon Dispensary. Resident House Surgeon and Dispenser. Salary, £100 per annum. Applications to F. D. Wise.—Tongue and Farr Parishes, Sutherland. Medical Officer. Salary, £250 per annum. Applications to J. Box, House of Tongue, Sutherland, N.B., by October 31st.—Western General Dispensary, Marylebone Road. Honorary Surgeon-Oculist. Applications by November 7th.

APPOINTMENTS.—T. Frederick J. Baker, M.R.C.S., L.S.A., Honorary Surgeon to the Northumberland Branch of the Brighton, Hove, and Preston Dispensary; Edgar A. Browne, M.R.C.S.Eng., appointed Lecturer on Ophthalmology in University College, Liverpool; H. W. Coleman, L.R.C.P.E., M.R.C.S.Eng., Armsley Lodge, Leeds, Medical Officer of the Great Northern Railway Company's Sick Fund; Robert T. Fetherstonhaugh, L.R.C.P.Lond., M.R.C.S.Eng., House-Physician to the Hospital for Women, Soho Square, W.; Montague Hanfield-Jones, M.B.Lond., M.R.C.P., Physician-Accoucheur in Charge of Out-patients to St. Mary's Hospital; David James Mason, M.B., C.M.Edin., L.R.C.P. and S.E., Resident Medical Officer to the Royal National Hospital for Consumption and Diseases of the Chest, Ventnor.

Notices of Books.

WHITLA'S PHARMACY, MATERIA MEDICA, &c.*

A volume like the present, already so well and favourably known to the medical world, would, under ordinary circumstances, require but little notice at our hands, but considering the fact that the appearance of a new edition of the British Pharmacopoeia has both added many remedial agents to our existing stock, and has modified extensively our previous doctrines and teachings as to the preparation and proportional quantities of ingredients in many articles of the *Materia Medica*, this new edition of Dr. Whittle's manual calls for special attention. By omitting some portions of the book, and condensing others, nearly fifty pages of new matter have been added without materially increasing the bulk of the volume, and the whole work has been so closely revised, that it may be said to be re-written, and all the recent additions of the new Pharmacopoeia are incorporated in the text. In the last edition of the work a considerable space was devoted to the non-official remedies, namely, those not included in the Pharmacopoeia of 1867, but many of these are now inserted in the present edition of that volume, and the supplementary list is thereby very much reduced. Still there are no less than 71 pages of non-official remedies, very many of which are of doubtful utility, although some are of more or less value. A very important feature in Dr. Whittle's work is the opening section on Pharmacy, which will be welcome, not only to the

practical pharmacist, but to all members of the medical profession, for it enters fully into all the necessary details of the preparation of medicine, and is illustrated by numerous woodcuts representing the various processes of weighing, measuring, dropping, pounding, pill-making, &c. Nor are the directions less elaborate in guiding the prescriber in the administration of medicinal agents, and full information is given as to the correct writing of prescriptions (a subject too often neglected), and a number of lithographs are presented as models for imitation in the judicious combination of drugs. The arrangement of the articles of the *Materia Medica* is alphabetical, which is perhaps the most convenient plan, and under the head of Therapeutics the uses of the various articles, and their physiological actions, are very carefully described. On the whole Dr. Whittle's new edition is worthy of all praise, and fully deserves the confidence both of the student and the practitioner.

GUBB'S AIDS TO GYNÆCOLOGY.*

We were thinking a short time ago, that the system of "aids" was being overdone; but on looking through this little book, we are inclined to think that more depends upon the author than the subject. The author has avoided all unnecessary details, and for an epitome of the diseases of women, it is hardly to be beaten. The book is eminently practical, and a student having thoroughly mastered it, need fear no ordinary examination in Gynæcology.

WILLAN SOCIETY'S TRANSACTIONS.*

This modest little book contains the record of the proceedings of the Willan Society since its recent establishment in 1883. Its name is of course derived from Dr. Willan, the well-known founder of dermatological classification, and it originated in a meeting of the medical staff of St. John's Hospital for Diseases of the Skin in November, 1883, when it was proposed that a Dermatological and Syphilological Society of London should be formed, open to the profession. This proposition was adopted, and meetings have been regularly held, papers read, and discussions conducted from that time to the present. The subjects brought forward are varied and interesting, and include many questions which have long been discussed by the profession, and which are as yet by no means settled. Among these are the single or dual nature of the syphilitic poison, the treatment of syphilis by mercury or iodide of potassium, the duration of the treatment, the etiology and treatment of psoriasis, and many similar disputed points. On the whole there are many useful observations and suggestions made by the various writers and speakers which will well repay perusal.

GIBBES'S HISTOLOGY.*

The popularity of this little work is shown by its having reached a third edition. The substance of the book is good, but the practical student will find it defective in many points where he wants the greatest assistance. The great fault we have to find with it is the want of system and classification, which pervades the whole book. Thus, take the chapters on Bactria; the ordinary student does not care to be told, after swallowing the details of two or three methods of cultivating Bactria, "All this sounds very excellent, but when one comes to work with it practically, one finds that everything is not as perfect and excellent as one imagines at first." This being Dr. Gibbes's opinion, we cannot but think that he might, instead of discussing the merits of half a dozen imperfect methods, have given that method which his experience had taught him was the best, and fully explained it, putting the principal points in larger type. There are very few students who would care to learn and compare half a dozen methods

* *Aids to Gynæcology*, by A. S. Gubb, L.R.C.P., M.R.C.S., late Resident Obstetric Assistant at Westminster Hospital, &c. London: Baillière and Co.

* *Transactions of the Willan Society of London*; a Society for the Study of Dermatology and Syphilis. Edited by James Startin, Honorary Surgeon to St. John's Hospital for Diseases of the Skin, London. Volume the First, pp. 107, 1885.

* *Practical Histology and Pathology*. Dr. Heneage Gibbes, M.D. Lecturer on Normal and Morbid Histology at Westminster Hospital. London: H. K. Lewis.

* *Elements of Pharmacy, Materia Medica, and Therapeutics*, by William Whittle, M.D., Physician to the Belfast Royal Hospital, with lithographs and woodcuts. Third edition, pp. 618. London, Renshaw, 1885.

of staining Bacilli. One good method, well learnt, and the minor difficulties explained, would be enough for most. We notice also that the well-known and useful staining reagent, osmic acid, is not mentioned under either staining reagents or nervous tissues. This is an omission that the author will, doubtless, correct in another edition. The tables at the end of the book, and the plan of having blank leaves for memoranda, are to be commended.

Correspondence.

THE BRADLEY FUND.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—I feel I should be very remiss in forwarding what I believe will be the last list of subscriptions without at the same time thanking you for your kindness in having assisted in so good and popular a movement; not only by throwing open your columns, but also by your able advocacy. Several friends who have taken a keen interest in the matter, think there should be a public presentation, and as Sheffield is the nearest large town to the village of Brimington where Dr. Bradley practised his profession, that it should take place there, consequently it has been decided that the money subscribed, together with an address shall be given publicly. Every subscriber will receive intimation of the date and place of presentation. Also, if you would kindly allow me to publish it in the pages of the HOSPITAL GAZETTE you would add very materially to the aid you have already given.

I remain,

Yours faithfully,

RICHARD JEFFREYS.

Eastwood House, Chesterfield,
October 28th, 1885.

			£	s.	d.
Dr. Ewing Whittle, Liverpool .. ..	..	..	3	3	0
Medicus, Manchester .. ..	..	..	1	0	0
Dr. C. R. Illingworth, Clayton-le-Moors ..	..	..	0	10	6
Dr. John Ringwood, Kells .. ..	..	..	0	10	6

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS, Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post Office Orders are to be made payable at the Charing Cross Post-office.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE ADDRESS of Surgeon Hamilton at the College of Surgeons, Dublin, will appear next week.

MR. WATTS.—Your letter arrived too late for insertion in our last. Wednesday is the last day in the week copy can be received.

MR. E. ST. V. RYAN (Cork) is thanked for his communication. We shall be very glad to receive the papers referred to.

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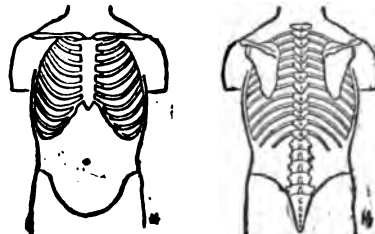


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Correspondence.

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To the Editor of THE HOSPITAL GAZETTE.

SIR,—I feel I should be very remiss in forwarding what I believe will be the last list of subscriptions without at the same time thanking you for your kindness in having assisted in so good and popular a movement; not only by throwing open your columns, but also by your able advocacy. Several friends who have taken a keen interest in the matter, think there should be a public presentation, and as Sheffield is the nearest large town to the village of Brimington where Dr. Bradley practised his profession, that it should take place there, consequently it has been decided that the money subscribed, together with an address shall be given publicly. Every subscriber will receive intimation of the date and place of presentation. Also, if you would kindly allow me to publish it in the pages of the HOSPITAL GAZETTE you would add very materially to the aid you have already given.

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Yours faithfully,

RICHARD JEFFREYS.

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THE ADDRESS of Surgeon Hamilton at the College of Surgeons, Dublin, will appear next week.

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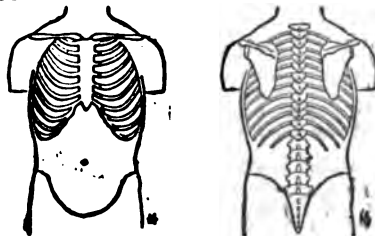


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Notes by the Way.

ON various occasions I have been called upon to refer to the extraordinary doings of a quack doctor at Liverpool, named Ethens de Tomanzie, a man of colour. He is again in trouble, and it is not unlikely that he may be removed from the scene of his exploits for some time to come. Like a large number of other unqualified practitioners, he is supposed to have combined abortion procuring with his other "professional" work, and a few days ago an inquest was held at Birkenhead on a married woman, living apart from her husband, whose death, it is alleged, was caused by an operation she underwent at the hands of Mr. de Tomanzie for the purpose of procuring abortion. The father of the deceased stated that when she came home on the 29th of September, she said she had been operated upon by "Dr." Tomanzie for an internal abscess. She was afterwards seen by Dr. Ricketts's assistant, who ordered her to bed. She felt so ill that she said she would never come downstairs again. On the following Sunday evening "Dr." Tomanzie came and saw her in bed, and prescribed for her. He said she would be all right in a few days; that she had been poisoned by drinking "ratty" water. Tomanzie also saw her on the two following days, and a fortnight ago she was seen by Dr. Miller, Hamilton Square, who attended her until her death, on Friday, 23rd of October.—Dr. Miller gave evidence as to attending deceased, and said that she voluntarily stated that when she found herself pregnant someone told her that if she went to Dr. Tomanzie, he would put her all right. She went to his house, and he put her under chloroform, but before the operation was over she awoke, and saw him standing beside her with an instrument in his hand. He had made a *post-mortem* examination of the body, along with Dr. Paul. Most of the organs were healthy, except so far as they were affected by the blood poisoning. His opinion was that blood poisoning was the cause of death. Deceased became unconscious two days before she died. They found she had been prematurely delivered of a child, though there was only a slight indication that violence might have been used. There was nothing which might not have resulted from natural causes. Dr. Paul said the septic inflammation was the result of premature confinement, and the jury returned a verdict that "death was the result of an operation performed upon her by Dr. Tomanzie," and he will now have to take his trial upon a charge of manslaughter.

WHEN medical men are reduced to advertising for some kind of indoor employment, it certainly indicates that the profession is in a bad way; the following appeared in one of the daily papers recently:—"An elderly medical man, married, without children, wishes for some indoor employment, care of invalid, or any position of trust, professional or otherwise.—Address, &c." We have heard for some time past that the profession is over crowded. Such advertisements as this may be taken as proof positive that such is the case.

A CURIOUS case of alleged attempted poisoning is reported from Vauluse, in France. M. Estachy and M. Tournatore, two medical men, were both practising in the same town, and between the two there arose a feeling of bitter professional hatred and rivalry. On a stated day, some months ago, Dr. Tournatore received a present of game, which he imagined came from one of his patients. It happened that he did not himself partake of the birds, but his wife and servant who did were both taken very alarmingly ill—the symptoms being distinctly such as result from poisoning. The remainder of the game was consequently analysed, and found to contain poison in large quantities. Suspicion pointed to Dr. Estachy, whose ill-feeling towards his colleague, whom he accused of seeking to draw away his patients, was no secret to anyone. He was arrested, and on being interrogated by the examining magistrate, admitted having sent the birds, denying, however, that they had been tampered with by himself, or to his knowledge. It is quite certain the birds did not take poison themselves, and equally certain that they contained enough poison to have imperilled the lives of the two women who partook of them.

MR. ROBERTS, of the firm of Bertram and Roberts, refreshment contractors, is about to carry out a most admirable design, which is deserving of general support. He is making arrangements to utilise for distribution to the poor, the enormous quantities of broken food which are daily wasted in the large hotels, club-houses, &c., of the Metropolis. The suggestion has been made repeatedly, but no practical attempt has been made until now, to carry it out. For the sake of the starving poor of London, I hope Mr. Roberts' scheme will be well supported.

THE *Medical Press* is strongly recommending a so-called "Medical Defence Union," to the favourable notice and support of its readers, which is said to have been formed to defend or assist in defending medical men, against whom cruel and groundless charges have been brought. The object is certainly a most praiseworthy one, and its promoters may be among the most excellent of men; but I would like to ask the Editor of the *Medical Press*, if he has taken any pains to inform himself as to how, when, or where this "Union" was formed, and who originated it? Was the medical profession consulted in the matter, or was it formed by parties outside the profession? Will the profession have any voice in the management of the Society? These are matters about which the Editor of the *Medical Press* may be fully informed, but the profession, generally, have not been furnished with the information.

THE spermatorrhoea quack flourishes in full force in New York, and his method of fleecing his patients are characterised by considerable knowledge of the weaknesses of his victims. The *New York Medical Record* has recently been exposing the *modus operandi* of these pestiferous quacks. Upon application for treatment made by a patient, an answer is promptly given, enclosing a blank form for the

patient, to be filled up, asking for a sample of urine, and assuring the inquirer that "a cure can be made after a course of treatment." The data being obtained, another letter and a variety of medicines and appliances is forwarded, along with a circular containing explicit directions as to treatment. This latter is a highly interesting document. "You will," it says, "by direction of the medical director use the remedies as follows:—No. 1 course every night; No. 2 course every morning. Premarital course, every morning and night." The cradle compressor to be worn during the day. An abdominal electro-girth is to be worn *pro re nata*; a "tissue is to be applied to the glans penis night and morning;" a magnetised voltaic pill, a "developmental lotion," and certain blood and liver pellets are among the resources of this interesting establishment. The patients are advised to bathe at least twice a week, and dumb-bells are recommended as advantageous. Accompanying this document is an itemised bill, stating that the cradle compressor costs 6 dollars, the pills 14 dollars, and the courses 20 dollars and 15 dollars respectively, making a total of 55 dollars. When such sums are cheerfully paid, no wonder quackery flourishes in New York.

LAST week a Greenock chemist, named Armitage, was put upon his trial at Glasgow on a charge of culpable homicide in that he did, on the 22nd of August last, in his shop in Hamilton Street, Greenock, being requested by George Maclean, clerk, on behalf of his mother, the now deceased Jane Warden, or Maclean, to sell him a pennyworth of liquorice powder, culpably and recklessly sell, supply, or dispense to Maclean, instead of the said liquorice powder, a quantity of nux vomica powder, containing strychnine. The accused pleaded not guilty, and several influential witnesses testified to his care as a chemist. The jury, after an absence of ten minutes, unanimously found the accused not guilty, but recommended that some distinctive colour or marks be put on bottles containing such deadly poison. Mr. Armitage is to be congratulated on being acquitted, and he will, doubtless, take the recommendation of the jury to heart, and not jumble up his drugs so that such a fatal mistake may be repeated.

PERIPATETICUS.

Original Papers.

NOTES ON ANATOMY.

By G. M. DARTNELL, L.R.C.S., &c.
(Continued from page 324).

ANTERIOR CRURAL NERVE.

Origin.—From the second, third, and fourth lumbar nerves.

Course.—It descends *through* the fibres of the psoas muscle, emerging from it at the lower part of its outer border, and passes down *between* it and the iliacus, and *beneath* Poupart's ligament, into the thigh, where it becomes somewhat flattened and divides into an interior, or cutaneous, and a posterior, or muscular, part.

Branches.—Middle cutaneous.

Internal cutaneous

Long (or internal) saphenous

Muscular

Articular

Anterior division.

Posterior division.

Supplies.—Iliacus, pectineus, and all muscles of front of thigh *except* the tensor vaginæ femoris.

Note.—On entering the thigh it divides into an anterior or cutaneous, and a posterior, or muscular, part.

THE FEMORAL ARTERY

Is a continuation of the external iliac artery. It commences immediately *beneath* Poupart's ligament, and terminates at the opening in the adductor magnus about the lower third of the thigh, where it becomes the *popliteal* artery.

In front.—Integument, superficial fascia, fascia lata, sartorius muscle, internal (long) saphenous nerve, aponeurosis of Hunter's canal, branches of internal cutaneous nerve (Heath).

Behind.—Psoas, pectineus, adductor longus, adductor magnus muscles, femoral vein, profunda vein.

Outer side.—Sartorius and vastus internus muscles, femoral vein, long saphenous nerve.

Inner side.—Femoral vein, adductor longus and Sartorius muscles.

Branches.

Anastomoses, &c.

1. Superficial epigastric .. internal mammary.
2. Superficial circumflex iliac .. circumflex iliac.
3. Superficial external pudic .. internal pudic.
4. Deep external pudic .. Superficial perineal artery.
5. Profunda Supplies adductor magnus muscle, &c.
6. Muscular Supplies neighbouring muscles.
7. Anastomotica { Superficial To integument.
magna { Deep branch Superior internal articular, &c.

Note.—The profunda branch arises in Scarpa's triangle; the anastomotica magna arises in Hunter's canal.

DIVISIONS OF FEMORAL ARTERY.

Femoral artery .. Popliteal artery.

Popliteal artery { Anterior tibial artery.
Posterior tibial artery.

Posterior tibial artery Peroneal artery.

TENSOR VAGINÆ FEMORIS MUSCLE.

Origin.—Anterior part of the outer lip of the crest of the ilium, and from the outer surface of the anterior superior spinous process between the gluteus medius and sartorius muscles.

Insertion.—Into the fascia lata about one-fourth down the outer side of the thigh.

In Front.—Skin and fascia lata.

Behind.—Gluteus medius, rectus femoris, vastus externus, and the ascending branches of the external circumflex artery.

Inside.—Sartorius muscle.

Outside.—Gluteus medius muscle.

Nerve.—Superior gluteal.

Action.—A tensor of the fascia lata; continuing its action, the oblique direction of its fibres enable it to rotate the thigh inwards. In the erect posture, acting from below, it will serve to steady the pelvis upon the head of the femur.

RECTUS FEMORIS MUSCLE.

Origin.—It arises by two tendons:—One, the straight, from the anterior inferior spinous process of the ilium; the other, the reflected, from a groove above the brim of the acetabulum.

Insertion.—Into the patella bone.

In Front.—Anterior fibres of the gluteus medius, the tensor vaginae femoris, sartorius, psoas and iliacus muscles; fascia lata.

Behind.—Hip joint, external circumflex vessels, the crureus and vasti muscles.

Nerve.—Anterior crural.

Action.—Extends the leg upon the thigh. It assists the psoas and iliacus in supporting the pelvis and trunk upon the femur, or in bending it forwards.

THE FEMORAL VEIN.

Origin.—Is a continuation upwards of the popliteal vein.

Course.—It accompanies the femoral artery through the upper two-thirds of the thigh. At the lower part of Scarpa's triangle it lies a little to the *outer* side of the artery. It then ascends behind it, and *beneath* Poupert's ligament it lies to its inner side and on the same plane.

Tributaries.—It receives the profunda and internal saphenous veins, and the four veins of the small branches of the femoral artery—superficial epigastric, superficial circumflex iliac, superior external pudic, inferior external pudic, besides numerous muscular branches.

Note.—The valves in this vein are four or five in number.

VASTUS EXTERNUS MUSCLE.

Origin.—Anterior border of the great trochanter of the femur; from a horizontal ridge on its outer surface, from a rough line leading from the trochanter major to the linea aspera, and from the whole length of the outer lip of the linea aspera. A few additional fibres arise from the tendon of the gluteus maximus, and from the external intermuscular septum between the vastus externus and short head of the biceps.

Insertion.—Outer part of the upper border of the patella, blending with the great extensor tendon.

In Front.—Rectus, tensor vaginae femoris, fascia lata, gluteus maximus.

Behind.—Crureus, some large branches of the external circumflex artery and anterior crural nerve being interposed.

Nerve.—Anterior crural.

Action.—Extends the leg upon the thigh.

Note.—A synovial bursa separates this muscle from the gluteus maximus.

(To be continued.)

MEMORY: NATURAL AND ARTIFICIAL.*

[By W. F. EDRIDGE-GREEN.

MR. PRESIDENT AND GENTLEMEN,—I ask your attention this evening to a subject which, if I may judge by the complaints made by those who have bad memories, is of importance to all.

As may be supposed, I have great hesitation in expressing my views on a subject which has been so ably discussed, with a knowledge and experience to which I can lay no claim. I hope you will excuse my presumption, remembering that I offer my opinions with the greatest diffidence; and whether they are true or not it is for you to judge.

Memory is divided into General and Special, and General Memory is divided into Motor and Sensory. By Motor Memory, I mean the memory concerned in the education of the muscles. Stammering, and great difficulty in learning particular movements, such as dancing, are the results of deficient motor memory.

The seat of Motor Memory is the corpus striatum, and its division, which will correspond to its anatomical structure, is not difficult to understand. Thus, if there is a nerve cell for each muscle in the body, by association of the different cells in different ways, corresponding movements will be brought about, and this is what must occur when we get such an extraordinary motor memory as is met with in a gymnast, professional dancer, or acrobat. I know personally a medical man who, after years of practice, can make any individual muscle of the face or hand contract at will.

All actions are at first performed under the direction of the will. A child is born with no hereditary memory; everything has to be learnt, even the simplest movements. Thus, movements which were at first acquired with the greatest difficulty, are afterwards performed with ease; the path of nervous action, and the change in the cells, becoming by repetition so well established, that the will is no longer necessary for their performance, and the actions, once started, go on in a reflex manner, though at any moment, by direction of the attention, we become aware of what is going on, and can check or alter them.

The following case, related by Carpenter, shows that the Motor Memory may remember what has apparently disappeared from the conscious memory. A "planchette," made in Bath, which had been on a visit in various families for several months, having been asked where it was made, replied, "Bath," although the questioners all thought it came from London, and disbelieved its statement, which was afterwards verified. It is as well to mention that the "planchette" acts through the involuntary muscular movements of the persons using it, and the above is easily explained in the following way: that though it had often replied "Bath" before, the fact had been entirely forgotten. Numerous examples might be cited. I shall now pass on to the Sensory Memory. By Sensory Memory, I do not mean the consciousness of pain, for that I believe to be one of the functions of the cerebrum; but that it is the seat of the memory that we derive from the external world by impressions on the special senses.

I believe the optic thalamus to be the centre for sensory memory, that it is sub-divided into areas (like the ovary, which is said to contain at birth all the ova to be discharged through an individual life-time, and there must be a regular principle of order and development here always at work for the right ovum to develop at the right time, and when impregnated with a spermatozoon to develop into an individual having nearly all the peculiarities of his father. How simple does the following appear compared with what must be stored up in the cell representing that spermatozoon that these areas are arranged in such a way, that every impression through an individual life-time is registered in a particular position, in its cells and fibres, producing a certain molecular change in them; and only waiting to be brought before the consciousness by an appropriate suggestion. Thus, in revisiting certain scenes of childhood, the association brings back, with the minutest details, events long since forgotten. It is said that a drowning man sees, as if in a panorama, every circumstance and particular of his life; events and details, so far forgotten, that if narrated to him by others, would not have been recognized as having ever occurred to himself. And

* A Paper read before the members of the Abernethian Society, St. Bartholomew's Hospital, on October 22nd, 1885.

answer—the student preparing a certain amount of matter on which to be examined—is a valuable aid to instruction. Trinity College, with the worldly wisdom which characterized its management of late years, officially recognized in its prospectus the method of management. Referring to the high state which the anatomical department of the Royal College of Surgeons was in, and the efficiency of demonstrators, and their ample supply, Dr. Hamilton said, "I cannot pass from this subject without expressing the very great sorrow which we all feel for the loss of a most efficient and beloved member of our staff, called away just as he had realised the position of all the work of his young life. Gentlemen, it was at the post of duty Frederick Warren nobly fell. Endeavouring to save the life of another, he sacrificed his own, and added to the long roll of martyrs from our ranks, slain by the merciless typhoid. Cut down as a flower, at the early age of 33; I mourn him as a pupil, a colleague, and a friend."

NOTICES.

We must beg some of our Provincial Correspondents to be a little considerate in regard to the demands they make upon our space. We really cannot print in extenso speeches on medical topics several columns in length which have already appeared in the local newspapers. Short abstracts giving the main points of interest would be appreciated.

The Hospital Gazette.

SATURDAY, NOVEMBER 7, 1885.

EDITORIAL AND PERSONAL.

IN his introductory address at the Mater Misericordiae Hospital, Dublin, last week, Dr. Murphy gave a short sketch of the history of this institution. He said that of 300 students who were trained within its walls, the careers of all but 13 were traced. This contrasted favourably with the account lately published of the career of 1,000 trained in St. Bartholomew's.

A COMMISSION to inquire into the working of the Dublin hospitals, is at present sitting in the Privy Council Chamber, Dublin Castle, under the presidency of Sir Rowland Blennerhassett.

WHILST giving evidence in an assault case the other day, an officer of the Birmingham police force described the terrible nature of the injuries, and explained to the magistrates that two arteries were severed which had to be connected with indiarubber tubes. It is of course unnecessary to say that the tubes which the officer saw inserted at the hospital were drainage tubes. Certainly the suggestion was a bold one, and those who know him know the officer to be a bold man; but, joking apart, such evidence should not be allowed by the magistrates, who, if they require expert's evidence, should have it from the lips of a medical man, and properly remunerate him for his attendance.

WE are pleased to hear that our representative at Westminster Hospital, Mr. J. D. Staple, has been voted¹ honorarium by the Committee of

the South Devon and East Cornwall Hospital, for which Institution he had during the summer months acted as Assistant House-Surgeon.

At their last meeting, the managers of the Metropolitan Asylums Board, by a large majority, resolved to increase the salary of Mr. G. S. Elliot, the medical superintendent of Caterham Asylum, to £600 a year, by two instalments, in recognition of his energetic services in the economical management of the asylum.

On the 23rd inst. a testimonial to Alderman Dr. Crosskey, the defendant in the action *Hillman v. Crosskey*, was presented at Lewes in the presence of a large assemblage of townspeople. The presentation consisted of a cheque for £450, a handsome silver-mounted ebony casket containing a newspaper report of the trial and a book giving the names of the subscribers, and a gold bracelet for Mrs. Crosskey, and was intended to express the sympathy of his friends with him in the position in which by the by the trial above alluded to he had been placed, and their congratulations on the result of the action which was decided by a verdict in his favour.

THOSE who were up for the College "final" at the recent examinations in Lincoln's Inn Fields, may be interested to know that among the clinical cases which were shown for diagnosis were the following:—Tumour springing from the malar bone; ankylosis of the knee-joint; suppurating gumma of the head; abscess in intercostal space; bubo in groin from injury; paralysis of deltoid muscle simulating dislocation of the humerus. A fair lot of cases, and by no means difficult of diagnosis, to those who had been fairly attentive to clinical work in their hospitals.

DR. BYROM BRAMWELL, Pathologist to the Royal Infirmary, Edinburgh, has been appointed Assistant Physician to that institution. This renders the post of pathologist vacant, and already active canvassing is in progress. There is no lack of able and accomplished candidates, of whom it is said either Dr. Alexander Bruce, Lecturer on Pathology, Surgeons' Hall; Dr. William Russell, Lecturer on Pathology, Edinburgh School of Medicine; or Dr. G. Sims Woodhead, Demonstrator of Pathology, University of Edinburgh, and Pathologist to the Royal Hospital for Sick Children, Edinburgh, will in all probability secure the appointment.

IN another column we publish a letter from Dr. Heywood Smith, in which he explains the motives which induced him to examine the child Eliza Armstrong. At present, we will content ourselves by merely reiterating our opinion that Dr. Smith was wholly unjustified in making the examination under such circumstances. As regards our Peripatetic Correspondent, he is a gentleman who knows what he is writing about, and who would generally be admitted to be in no way inferior to Dr. Heywood Smith himself, in regard to what is right and proper in matters medical. The word "examined" to which Dr. Smith refers, is an obvious misprint for

'examined,' which escaped the notice of our sub-editor in the hurry of going to press.

It says little for the courage of the medical press that none of the other weekly medical papers ventured to refer to Dr. Smith's action in this affair. One would have expected the *Lancet*, at least, to say a few words on the subject. The members of the profession have been accustomed to look to that journal for light and leading, but they sometimes look in vain. Either Dr. Smith was right or wrong in making the examination; if right, the profession generally should be informed that they may safely and honourably do likewise; if wrong, Dr. Smith should be told so in unmistakable language. We do not believe in passing by the errors of those who occupy high positions in the profession, and damning the small fry when they happen to make a slip. We have no animus against Dr. Smith, but we never shrink from giving full expression to our views when the honour of the profession is in question.

An enterprising seeker after novelty in the matter of suicide, has devised an entirely new and original method of attempting self-destruction, with results, however, that have proved anything but satisfactory to himself. This ingenious gentleman hit upon the plan of filling his mouth with gunpowder, and then igniting the explosive, in the expectation that the roof of his head would by this means be induced to take flight into space, thus leaving him at once brainless and inanimate. But, much to his disgust, this conclusion to his experiment was not that which occurred, the principal event witnessed being a severe burn sustained by the mucous membrane of mouth and pharynx. The ultimate consequences of the act, however, are likely to prove disastrous to the rash experimenter, for but small hopes of his recovery can be entertained, the prospects of inflammation spreading into the larynx and terminating in death, being all but certain. Curious as are many of the methods of self-destruction resorted to by persons bent on putting an end to their own existence, this instance is not the least extraordinary, as showing to what inconceivable limits a disordered mind may force the thoughts of such as are bent on securing their own premature death.

A new ward, containing fifty additional beds, was opened at the Newcastle-on-Tyne Infirmary last week, by the Earl of Ravensworth. The new building has been erected in the grounds in front of the hospital, and is entirely separated from the main block, to which, however, access to it is gained by a covered passage-way.

We understand that a second edition of Dr. T. Lander Brunton's splendid work on Pharmacology, Therapeutics, and Materia Medica, will be issued by Messrs. Macmillan in a few days. As the new Pharmacopoeia has been published since the first edition was issued, many alterations and some additions have been necessary. The work is one of great originality and profound research, and we are not surprised to hear that the first edition was

sold out within two or three months of its publication.

In a paper ("A Presumptive Diagnosis of Gout") read by Dr. Milner Fothergill before the Medical Society of London on October 26th, he ventured upon a novel definition of gout. Pointing out that when kidneys first make their appearance in the animal world the primitive form of nitrogenised excretion is uric acid. Urates belong to animals with a three-chambered heart, and a solid urine. When the mammalia appear they are found to have a four-chambered heart and a fluid urine, the form of nitrogenised excretion being the soluble urea. When the human liver becomes depraved or degraded it fails in the complete conversion of nitrogenised waste into urea and falls back upon the primitive form uric acid. To the question, then, "What is Gout?" Dr. Fothergill replies: "Gout is hepatic reversion; the formation of primitive urine products by a mammalian liver." This is original and ingenious, to say the least of it. It helps to light up the darkness in which the genesis of gout is shrouded. The formation of uric acid in excess by the human liver is an instance of what Dr. Hughlings Jackson terms "dissolution" (as compared to "evolution") manifesting itself in the organic life. Whether Dr. Fothergill's ideas will be accepted by the profession remains to be seen.

In the very able and most suggestive address delivered by Surgeon Hamilton, at the Royal College of Surgeons, Ireland, last week, there is a very great deal which will profit medical students to study, and much to interest the general public. The high intellectual gifts and literary accomplishments so often found amongst medical men are illustrated in a forcible manner, in this pithy and instructive exposition, and in no part of it was Mr. Hamilton, a man of large and abundant experience, speaking more authoritatively than in his references to the examination method, which has been driven extravagantly far, and required that a protest should be made against it. "It has been twisted," said Mr. Hamilton, "into every shape; it has assumed forms almost grotesque; written, *videlicet*, practical, physical and clinical examinations are dusted over with a cloud of names and dishonest catches, which drive the boy to the feet of the grinder. In a month he forgets this, and has learned nothing lasting." Mr. Hamilton is the advocate of a system of teaching which shall be thorough. It is not a "high standard" which is the only one which brings about a large number of rejections, by exaggerating the tendency which is so properly condemned. Mr. Hamilton, in this connection, pays a compliment to Trinity College which has, coming from him, special significance. Trinity College has of late years, recognised the better type of medical education. It teaches how and what to study, and is separated a very long way from spurious grinding or cramming. Mr. Hamilton, on a larger matter of immediate concern, gave his advice as to reform in Dublin Hospitals, in which those who have studied at them, will agree with him. He believes that the entire system requires reconstruction. His address is an

earnest and logical one, and will be read with immense advantage, by state officials as well as medical practitioners and students.

THE RIGHTS OF MEMBERS OF THE COLLEGE OF SURGEONS.

THE meeting of fellows and members of the Royal College of Surgeons of England, which took place on the 29th ult., in the Theatre of the College, is likely to be a memorable one, inasmuch as it affords the first occasion on which the will of members proved superior to that of the hitherto omnipotent president. At the close of the meeting, a suggestion was made to adjourn it to a date on which the decision of the Council on the demands laid before it might be communicated to the fellows and members; but this reasonable request was at once met by Mr. Savory, the president, with a refusal, on the ground that only the Council was empowered to call such a meeting. This flagrant neglect of the expressed wishes of a densely crowded meeting evoked some very significant expressions of opinion; and, ultimately, Mr. Savory, very clearly seeing what disastrous effects might ensue from persistence in the course he had first adopted, wisely announced, after a brief conference with his colleagues, that the desired meeting would be convened on the earliest available date. This, though only one incident in the afternoon's proceedings, was, unquestionably, the most important of all that took place. For the first time, the chief executive officer of the College has been forced to bend before the body whom it has hitherto been the custom of the Council to ignore as of no account. The change of feeling thus evidenced, however, is no more than justified by the proofs the meeting afforded of the settled determination of the members to obtain their rightful share in the management of their own affairs; and Mr. Savory may very well be excused for seeing in the signs the meeting in question has afforded, certain indications that opposition, however stubborn, to the wishes of the reforming party, must henceforth be powerless to stem the tide of change. Participation in the election of the Council—or, in other words, representation of their own body—is that which the members of the College seek to obtain; and it is gratifying to find that at the meeting on Thursday week they were supported in this demand by all but two or three of the fellows present also. That the justice sought for will be meted out, there can be but little question; nor is there a doubt but that, by united action together, the two associations, of fellows and of members, will eventually succeed in wresting from an unwilling Council all those concessions, based on right and equity, which, with a most unwise prevision, have already been so cavalierly refused by the Council.

What course the Council will next pursue, we cannot, of course, determine. With the experience now gained, however, it is impossible to conceive that it will any longer find enjoyment in the fool's paradise it has so long inhabited. Now, it cannot delude itself into the supposition that the cry of reform is raised only by an insignificant few; and the wide awakening from the blissful dream of

security and power so long indulged in, may be assumed to have already occurred. The probabilities of an honourable compromise are accordingly rendered much more likely as a result of the meeting held on the 29th of October; and to the Council our earnest advice is to make terms whilst the opportunity to do so remains.

The Operating Theatre.

ST. BARTHOLOMEW'S HOSPITAL.

WEDNESDAY, OCTOBER 20TH.—To-day there was quite a "full house" as it was expected that Mr. T. Smith would tie the external iliac artery for aneurism, but he announced that the condition of the patient, as regarded the swelling and oedema, had so much improved by rest, since he had been admitted to the hospital that he had decided to give the patient another day's rest, for it was easier to operate when the swelling was reduced to a minimum. After making this announcement, Mr. Smith performed

SYMES' AMPUTATION OF THE FOOT

on two patients, one a youth 19 years of age, who had suffered from disease of the tarsal bones for two years, and the other a child seven years of age, with disease of the tarsus of four months' standing. The operation was performed in the usual manner, by making an incision from the centre of the external malleolus downwards, and slightly backwards and across the under surface of the foot, so as to include the pad of the heel in the flap, and then up on the inner side to the internal malleolus. The flap was then dissected from the under surface of os calcis, a transverse incision made across the dorsum, and the joint opened by depressing the foot and the head of os calcis dissected out. (In the case of the child the epiphysal head of os calcis was left in the flap). The two malleoli and a thin slice of the articular surface of the tibia was then sawn off, the vessels ligatured, and the heel flap brought and secured in position by catgut sutures. Mr. Baker performed

AMPUTATION THROUGH FOREARM

in the case of a man who had sustained a compound Colles's fracture five weeks previously. Mr. Baker recommended amputation at the time of the accident, but the patient would not consent to an operation. The fracture was reduced and dressed with carbolic solution, but after three weeks it was found that the radius was extensively necrosed and amputation absolutely necessary. Mr. Baker said when the patient objected to amputation, in such cases it was as well to try to save the hand, as he was always more reconciled to the loss after everything possible had been done to avoid operating.

THURSDAY, OCTOBER 21ST.—About two hundred and fifty students attended in the theatre to-day, to witness the operation of

TYING THE EXTERNAL ILIAC ARTERY

for aneurism, which was performed by Mr. Thomas Smith. The patient, a strong-looking man, about 42 years of age, had noticed a swelling above the right groin for several months; latterly it had become so painful as to prevent him from following his em-

ployment. The case appeared to be a very favourable one for operation, but on opening the abdomen it was found that the aneurism extended almost up to the bifurcation of the common iliac. After some little difficulty, Mr. Smith applied a kangaroo tendon ligature, and the incision was closed, a drainage tube being inserted, and dressed antiseptically. Next day slight pulsation returned in the aneurismal tumour, and on the second day after the pulsation was almost as strong as before the operation. Mr. Smith had the patient brought into the theatre again, and the wound re-opened, when it was found that the knot had slipped. This, we understand, is the first time the kangaroo ligature has failed in Mr. Smith's experience. The artery was now ligatured with silk, Mr. Smith's colleague, Mr. Langton, tying the ligature. A day or two after the second operation, pulsation again recommenced in the aneurism, and to complicate matters, embolus of the popliteal vein took place. Gangrene of the limb supervened, under which the patient sank.

Helv Remedies and Dietetics.

Among the numerous dietetic articles which have been brought within the reach of the British public recently, a high position must be given to a Norwegian preparation of malt, to which the name *Boköl* has been given. In Norway it is generally prescribed by physicians on account of its diastasic and nourishing powers, instead of the various concentrated and objectionable sticky forms of malt extract with which we are all so familiar. It is also largely used as a beverage, many of the Scandinavians preferring it to other drinks, as it contains such a small proportion of alcohol (4 per cent.) as to be practically non-intoxicating. As a beverage it is of great value to the debilitated and dyspeptic, and even gouty patients may drink it with beneficial results. Its tonic properties have the effect of improving the appetite, and under its use increase in weight, as a rule, speedily results. The analysis of Professor Otto, of the Christiania University Physiological Institute, shows that *Boköl* is very rich in grape sugar, dextrin, and albumen. The exact figures are:—Specific gravity, 1.0418 at 15°C., in 1,000 grammes, water, 847.84 grammes; alcohol, 44.82; grape sugar, 35.40; dextrin, gum, &c., 45.17; albumen, 18.68; and free carbonic acid, 3.08.

An eminent London physician, and an authority on dietetics, writes as follows:—"Boköl is a sound ale, of light alcoholic strength, and rich in maltose. It is adapted as a beverage to persons convalescent from acute diseases, and to mothers who need something of the kind when suckling. It is also a pleasant beverage as a food-adjunct. Being brewed on the *Lager* system, it can be taken by many with whom malt liquors brewed on the English plan disagree—as bilious persons, for instance. And many of such persons who still retain their taste for a malt beverage would do well to give it a trial. Its flavour is very agreeable."

The above opinion of the merits of *Boköl* agrees entirely with our own experience of its merits, and we have great pleasure in recommending it to the notice of our professional brethren. We may say that the sole importers are Davis, Bergendahl and Co., of Newcastle-on-Tyne.

University, College, and Hospital Intelligence.

BIRMINGHAM.

QUEEN'S COLLEGE MEDICAL SOCIETY.—The first ordinary general meeting of this society was held on Wednesday, the 28th ult. Mr. A. H. Nott showed a greenstick fracture of

both bones of fore-arm, a specimen which was examined with much interest; for though the injury be common enough, its trivial nature makes the specimen hard to obtain. Mr. Nott also showed a dried specimen of vertebrae, from a patient who suffered from rheumatic arthritis of that region. The same gentleman showed two renal calculi, the chief point of interest in which was their colour. Dr. Foxwell read an interesting paper, entitled "Medicine or Surgery: Which is the Greater Healer?" An animated discussion followed, the opinion of the meeting being clearly in favour of Surgery.

CAMBRIDGE UNIVERSITY.

EXAMINATIONS FOR MEDICAL AND SURGICAL DEGREES.—The First Examination for the Degree of Bachelor of Medicine will begin on Thursday, Dec. 3; the Second on Thursday, Dec. 3; the Third, Part I., on Tuesday, Dec. 8; the Third, Part II., on Wednesday, Dec. 9. The Examination for the Degree of Bachelor of Surgery will be held on Saturday, Dec. 12. The Examination for the Degree of Master of Surgery will be held on Friday and Saturday, Dec. 11 and 12. The names of candidates for the Third Examination, and for the Examinations in Surgery, must be sent to the Registry of the University (through the Praelectors of their respective colleges) on or before Monday, Nov. 30th; those for the First or Second Examinations on or before Monday, Nov. 23.

DUBLIN.

DEATH OF A SCHOOLBOY WHILE BEING CANED.—On Saturday, 23rd Oct., Dr. Davies, Co. Coroner, held an inquest at Irishtown, Dublin, on the body of Joseph Doyle, a boy aged nine, who died suddenly after being caned. Deceased was in the habit of "mitching," and his father requested the master to punish him. The latter placed him face downwards on a stool or form, and gave him about seven strokes of a cane. On standing up, he immediately dropped dead. Dr. John Synnott deposed that the deceased had been suffering from eczema, valvular disease, and fatty degeneration of the heart osal; enlarged liver, with the right lobe extending over to the left side. Verdict, "Death from heart disease. Punishment not excessive; but we consider boys should not be placed across forms to be caned."

THE JERVIS STREET HOSPITAL.—The new Hospital in Jervis Street was opened on Oct. 29th. This hospital was originally founded in 1718 by six charitable Dublin physicians, distinctly non-sectarian and self-supporting. Some of the greatest names in surgery and physic are connected with it—Wallace, Adams, Wilmot, Corrigan, Nelligan, Harrison, Crampton, Power, and Ellis. It will accommodate 300 patients, and its iron and concrete asphalted roof of 5,100 square feet, surrounded by a handsome balustrade, commands a splendid view of the mountains and bay of Dublin. We intend to give a longer report of the ceremony next week.

COOMES HOSPITAL.—At an examination held at this hospital on Thursday, 29th ult., before Samuel R. Mason, M.D., Master, and Dr. Hoey, Assistant Master, the following candidates were adjudged to have passed the necessary examination for the Licence in Midwifery of the Hospital:—R. B. Mahon, M.D.; J. F. Eagleton, M.D.; Edward F. Flood, L.A.H.; Thomas Kidd, Dr. Keatley, and George McCarthy.

THE MATER MISERICORDIA HOSPITAL.—The inaugural Address of the Session 1885-86 of the above Hospital was delivered on Friday last, 30th ult., by Dr. John Murphy, before a very large assemblage. Dr. Murphy, after dwelling upon the general principles of medical education, referred to the importance of a thorough knowledge of anatomy, as being the foundation of all true surgery. As an instance of the excellence of the training which the Mater Hospital afforded to students, he quoted the following figures dealing with 200 of its students:—Of these, 13 became resident surgeons; 11 became lecturers in the medical schools of Dublin; 23 became army medical doctors; 10 entered the Indian Medical Service; 13 the Home Service; 5 the Navy; 76 took dispensaries throughout the country; 5 became officers of dispensaries and workhouse hospitals attached; 81 became attracted to other hospitals; 70 settled down to practices in various parts of the country; 4 settled down in London; 52 in England; 3 in Scotland; 2 in Wales, 18 in Australia; 4 in America; 16 New Brunswick; 2 in China; and 2 entered the P. and O. Steamboat Company's service. These figures showed that 27.5 per cent. adopted

private practice; 7.6 the Army; 1.6 the Navy; 35.0 dispensaries, hospitals, and asylums; 19.0 remained in Britain; and 9.3 went to various countries. The lecturer then gave an extract from a leading English medical journal, detailing the careers of 1,000 English students, from which statement it appeared, comparatively speaking, that the 300 Mater students had succeeded much better. He then gave the history of the hospital at great length, from which it appears that at first there were only 100 beds; whereas in a short time, when a new wing is finished, they will number 300. The books of the hospital proved that 40,000 internal, and 300,000 external cases had been treated since the commencement of this hospital, which exists solely by charity. The lecture was listened to with great interest, and at its conclusion, the lecturer was warmly applauded.

WESTMINSTER HOSPITAL.

FOOTBALL.—WESTMINSTER HOSPITAL v. KENSINGTON. — Played at Wood Lane, on Saturday, and won by the Medicals by two goals and three tries to nil. Fox played well for the Hospital.

MEDICAL SCHOOL CLUB.—A meeting of the members was held on Wednesday, Oct. 28th, in the rooms of this Club, to decide what action was to be taken in reference to the alleged intention of the Treasurer and Dean of the School to override any resolution passed in conformity with the rules by the Committee of the Club, which should have for effect to authorise the sale of spirits on the Club premises. When the Club was started, it was agreed, at a special meeting of the staff and students, that this question should be left to the decision of the first duly elected Committee, but on this duly elected Committee deciding to authorise the sale of spirits, these gentlemen forthwith threaten to set it aside, as being, in their judgment, unnecessary and undesirable. The result was, that a resolution was passed by a large majority, to the effect that the students strongly resented the unjust and arbitrary conduct of the gentlemen whose line of action was the subject of discussion.

UNIVERSITY OF GLASGOW.

The Winter Medical Session opened here on Tuesday, 27th ult., with an introductory address by Professor F. O. Bower, M.A.

THE ROYAL UNIVERSITY OF IRELAND.

THE DEGREE OF MASTER OF SURGERY.—The Examiners recommend that the following be adjudged to have passed the examination. In each case where a town only is mentioned Queen's College is to be understood:—R. Abraham, Belfast; J. Barry, Cork; W. G. Bigger, Queen's College, Belfast, and St. Thomas's Hospital, London; W. S. H. Briand, Cork; F. J. Burns, M.D., Belfast; J. R. Burrowes, M.D., Belfast; H. A. Clarke, Liverpool School of Medicine; H. A. Cummins, Cork; M. P. Dunlea, Cork; W. A. Fogerty, Cork; G. H. Foot, M.D., Cork; J. F. Haines, Cork; D. Hennessy, M.D., Cork; M. Jennings, M.D., Galway; F. J. Kayes, Catholic University School of Medicine; W. R. J. Knight, M.D., Belfast; J. E. Lane, M.D., Cork; W. J. Loughrey, M.D., Belfast; J. S. Lyttle, Belfast; D. M'Donnell, Catholic University School of Medicine; C. J. M'Donal, Cork; R. B. Mahon, Galway; W. H. Munro, Galway and Belfast; J. J. Nagle, M.D., Cork; J. J. Redfern, Belfast; W. R. Scott, Belfast; F. H. Sinclair, Belfast, and Trinity College, Dublin; F. C. Sinclair, M.D., Ledwich School of Medicine; T. D. Smyth, Queen's College, Belfast, and University of Edinburgh; E. A. Spiller, Belfast; B. Sunner, Royal Infirmary, Liverpool; H. Walter, School of Physicians, Dublin; W. A. Whitelegge, Cork; S. Wilson, M.D., Belfast.

Medical News.

SOCIETY OF APOTHECARIES OF LONDON.—The following passed his examination in the science and practice of medicine, and received a certificate to practise on the 3rd inst.:—Henry Ernest Hill Smith, M.R.C.S., 82, Wimpole Street, W. On the ear

oils, surgery, and midwifery:—Edward Osborne Fountain, Hillingdon, near Uxbridge; Stuart Oliver, The Trellis, Bickley, Kent. During the past year 2,784 students in botany have visited the Society's botanical garden at Chelsea.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 28th ult., viz.:—Messrs. Frederick William Morison, Thomas H. Frederick Clarkson, John Collier Barker, William Benjamin Lauria, and Henry Elwin Harris, students of St. Bartholomew's Hospital; Ernest Aston Otho Travers, of the London Hospital; Edward Kendrick Macartney, of University College; Ernest Maberly, of Birmingham General Hospital; Thomas Frederick Barton Palmer, of Guy's Hospital; Alexander Whyte, of Newcastle and St. George's Hospital; Charles Edward Stewart Fleming, of Bristol General Infirmary; and William Arbuthnot Alexander Cheves, of King's College Hospital. The following gentlemen were admitted members on the 30th ult., viz.:—Albert William Webb, L.R.C.P. Lond.; Arthur Meyrick Jones, L.S.A.; Ernest Augustus Farr, L.R.C.P. Lond.; Hugh Jones Roberts, L.S.A., students of Guy's Hospital; Francis Murray Haig, L.S.A., of Cambridge and St. Thomas's Hospital; Oliver Richard Arthur Julian, L.S.A., and Edward John Nixon, L.R.C.P.L., of St. Bartholomew's Hospital. Edward Samuel Gooddy, L.S.A., of Newcastle and St. Thomas's Hospital; Robert William Hasell, L.S.A.; William Edmund St. Michael Raw, L.R.C.P. Lond., of London Hospital; Cornelius Frederic Glinn, L.S.A., of St. George's Hospital; John Lynes, L.S.A., of Charing Cross Hospital. The following gentlemen were admitted members on the 2nd inst., viz.:—Edmund Walter Emtage, L.S.A., student of University College Hospital; Frank Edward Nichol, L.R.C.P. Lond., of Cambridge and St. Thomas's Hospital; Arthur William Burrell, L.R.C.P. Lond., of the London Hospital; Percy Charles Edward D'Erf Wheeler, L.R.C.P. Lond., John Stuart Hutton, L.R.C.P. Lond., and Otto Fraser Frohwein, L.R.C.P. Lond., of St. Thomas's Hospital; Henry Ernest Hill Smith, L.S.A., of King's College Hospital; Frank Greasley Armeson, L.S.A., of Middlesex Hospital; Hubert Houssemayne du Boulay, of Guy's Hospital; Henry Dudemey Halliday, of St. Bartholomew's Hospital.

VACANCIES.—Hospital for Diseases of the Throat. Resident Medical Officer. Applications to be sent to the Secretary, on or before the 17th inst.—Tongue and Farr Parishes, Sutherland. Medical Officer. Salary, £250 per annum. Applications to Mr. Box, House of Tongue, Sutherland, on or before the 9th inst.—Dunshaughlin Union, co. Meath. Dispensary Officer. Salary, £125 per annum.

APPOINTMENTS.—F. O. Henstrey, M.D.M.Ch., F.R.C.S.I., to be Surgeon to Adelaide Hospital, Dublin; Mr. E. Croft, to be Resident Obstetric Officer at the Leeds Infirmary; and Mr. F. Hinds, to be House-Physician at University College Hospital.

Correspondence.

MEDICAL DEFENCE.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—Within the last few days my attention has been directed to a circular, which is now being sent to the members of the profession—and which appears to have emanated from a solicitor's office in Bedford Row—inviting them to subscribe to a new society, called the "Medical Defence Union," a name which is so nearly identical with that of the "Medical Defence Association," that the two societies will, doubtless, be confounded with each other.

The Medical Defence Association has enjoyed the confidence of the profession for upwards of ten years, and as one of the founders, and its honorary secretary from the first, I would ask you to allow me to enter a protest against our title being so closely copied.

Whilst I have not a word to say against enterprising solicitors, or others, in these times of depression, doing their best to push business, in this particular instance I cannot admire the astuteness of the promoters in asking medical men to subscribe £25 for Life Membership, and at the same time intimating that

the members of the Council of the "Union" will not "be troubled to perform any duties," as is done in the circulars now before me.

I remain, yours &c.,

GEORGE BROWN,

Hon. Sec. Medical Defence Association.

60, Chandos Street, Covent Garden, W.C.,
Nov. 3rd, 1885.

UNFAIR QUESTIONS AT THE COLLEGE OF SURGEONS.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—The custom of asking questions at the Primary Examination, Royal College of Surgeons, respecting the "evidences of the functions of an organ," is becoming a matter of frequent occurrence.

This is plainly very unfair, since the student can only peruse the many experiments performed by licensed vivisectioners, which vary much in their results. Moreover, it is impossible to find out which theory the examiner considers to be the correct one.

I am, Sir, yours &c.,

MEDICUS.

London, Nov. 2nd, 1885.

THE ARMSTRONG CASE.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—As you invite me to make some observations on the article in your issue of the 31st ult. (which only reached me yesterday), I will say that I am surprised to see that the case has been misrepresented in your opening paragraphs, although there was a full account of my evidence in the daily papers. I certified that the child was pure, because, although she was sold for prostitution, yet I knew she was going to be rescued, and placed where she would be safe, if it could be proved that she was pure. It was, therefore, for the child's good that an examination was made.

Mr. Stead also had been placed in a position that led his enemies to accuse him of seducing the child; it was, therefore, necessary that his character should be vindicated.

I will not do more than refer to the *animus* that dictated the latter portion of your article. With regard to your annotation (p. 346), evidently written by some inexperienced practitioner or student (*e.g.*, examined!), I will merely point out that the use of some lubricant is dictated by cleanliness (*vide* 4th annotation on same page), and that if he had been more experienced he would have known that chloroform is frequently administered to young girls, prior to examination, to save them from the moral shock they might otherwise sustain.

Yours obediently,

HAYWOOD SMITH.

Harley Street, Nov. 4th, 1885.

THE BRADLEY FUND.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—As the two following subscriptions arrived too late for insertion in your last week's issue, I hope you will kindly permit me to acknowledge them in your next.

I remain,

Yours faithfully,

RICHARD JEFFREYS.

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THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor

of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

THE VICTORIA UNIVERSITY.—In reference to a paragraph which appeared in our last number respecting the Intermediate Examination, a Liverpool Correspondent writes:—"You have been wrongly informed in regard to the intermediate M.B. Examination of the Victoria University. Eight candidates presented themselves and six passed. These were candidates who, at the affiliation of Liverpool College, were preparing for the College of Surgeons, but were induced to go in for a University degree, and, on this account, were permitted by the Senate to take the Intermediate Medical before the Preliminary Scientific Examination."

H. W. G. AND OTHERS.—We hope to publish the questions for the double qualification, Edinburgh and Glasgow, next week.

MR. MACKENZIE.—Thanks for letter and congratulations.

INQUIRER.—You cannot do better than stick to Green and Holmes. You will have to look up Practical Pathology.

MR. JOHN S. BRYAN is thanked for his communication.

MR. H. BUXTON.—If possible, we will publish the list next week.

MR. H. BELCHER.—Your letter can be published only as an advertisement.

BOOKS, PAPERS, &c., RECEIVED.—The Student's Guide to the Practice of Medicine, by M. Charteris, M.D., Professor of Therapeutics and Materia Medica, Glasgow University, &c. (London: J. & A. Churchill, New Burlington Street, W.)

—The Provincial Medical Journal—Medical Times and Gazette—British Medical Journal—New York Medical Record—Le Progrès Médical—Belfast Northern Whig—Index of Surgery, by C. B. Keetley, F.R.C.S., Senior Surgeon to the West London Hospital. Third Edition. (London: Smith, Elder & Co., 15, Waterloo Place.)—The Monthly Homoeopathic Review, &c., &c.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. Pollock, Glasgow; Dr. J. Brindley James, London; Mr. Dennis P. Kenna, Dublin; Mr. W. E. Fakenham Doyle, Dublin; Mr. F. W. Edridge-Green, St. Bartholomew's Hospital; Mr. Sydney Harris, Acton; Mr. W. M. Carmichael, Aberdeen; Dr. F. A. Mackenzie, Bolton; Mr. C. W. Grane, Highbury; Mr. W. E. Frost, Bromley; Dr. Jeffrey, Chesterfield; Mr. W. Maurice, London; Mr. Percy H. Johnstone, Brighton; Mr. Sydney C. Harris, Acton; Mr. G. W. Fox, Bilston; Mr. James Startin, London; Dr. Kerr, Auckland; Mr. A. F. Weston, Watford; Mr. F. Ashurst Partick, Glasgow; Mr. T. Ledlie, Dublin; Mr. J. C. Byrne, Cork; Mr. J. D. Staple, Westminster Hospital; Mr. W. Finland, Liverpool; Dr. J. Brown, Bacup; Mr. H. Belcher, Brighton; The Registrar, Cambridge University; Messrs. Robinson, Chesterfield; Mr. C. D. Morgan, Belfast; Mr. W. Hindle, Burnley; Mr. W. Willett, Brighton, &c., &c.

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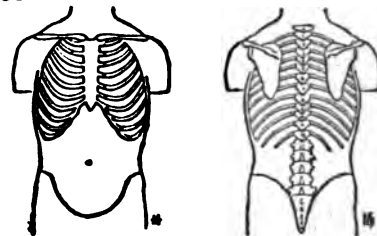


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CONTEMPORARY PRACTICE AND LITERATURE.—1. The Phenomena of Thought. 2. "Natural Law in the Spiritual World."
 3. Epidemic Cholera. 4. Deaths from Ethyl Bromide as an Anæsthetic. 5. Pneumonia and Osone.
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BY

BENJAMIN WARD RICHARDSON, M.D., F.R.S.

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Notes by the Way.

A CORRESPONDENT of the *British Medical Journal* points out that the proportion of students who pass the Preliminary Scientific Examination at the University of London is much larger in the case of those who have been prepared at University College than it is in the case of those prepared elsewhere. At the last examination the successful from University College numbered 52; St. Bartholomew's, 16; Guy's, 11; St. Thomas's, 11; King's, 11; London Hospital, 5; St. Mary's, 3; and only one each from St. George's, Middlesex, and Charing Cross. Only about fifty per cent. of the candidates who presented themselves passed, but from University College eighty per cent. passed. The inference the correspondent draws is that at University College the teaching for this particular examination is much more thorough. No doubt it is well done at University College, but one or two of the other hospitals are not far behind, either in regard to teachers or laboratories. In others, however, the classes for the Preliminary Scientific are simply a burlesque, and it is a pity that the University of London recognises their certificates as qualifying for the examination. Hospitals which have not an efficient staff to teach science should not profess to do so.

THE Liverpool "Black" quack doctor, against whom a coroner's jury brought in a verdict of manslaughter on account of his part in the treatment of Elizabeth Twist, as reported in these NOTES last week, has been committed, by the Birkenhead magistrates, for trial at the next Chester Assizes. The Liverpool papers, in reporting the case, always speak of "Dr." Tomanzie as if he were a qualified member of the profession. This is very unfair. Medicine, unfortunately, is disgraced quite sufficiently by its own members without having to father all the rascalities of the army of quacks which prey upon the public.

A FRENCH dentist, named Duchesne, has got into serious trouble owing to the death of a patient while under the influence of laughing gas. The French law, it would appear, demands, what in England is quite optional, the presence of a doctor when anæsthetics are applied. Duchesne made a false declaration to the effect that the doctor whom he called in when the patient failed to revive, had been present from the commencement of the operation, and this circumstance now aggravates the case against him. Dr. Brouardel, in giving evidence, declared that laughing gas was no laughing matter, and could only be applied with safety under the advice of an experienced practitioner. Many English dentists are very careless in administering gas without the presence of a doctor, but the large majority will not administer gas, or any other anæsthetic, without the presence of a qualified medical man.

THE Parisians have been enjoying a good laugh lately at the expense of the ladies, or rather at the medical portion of the gentler sex. The occasion for the mirth is a most humorous comedy which has been

produced recently at the Gymnase Theatre, entitled, *The Female Doctor*, and which deals with this modern excrescence of social life in a most amusing and ridiculous manner. The chief character is a woman spending her days in visiting the sick, and her nights in poring over scientific books. In the household represented, the husband acquires all the shortcomings and weaknesses of the gentler sex. While the wife deserts her fireside, the husband looks for amusement elsewhere, and deceives, in a mean and paltry way, her by whom he is neglected. But the jealousy of the female doctor is at last aroused, and under the influence of this feeling she becomes again a woman, and turns her back on the sciences. She shows that society is very satisfactorily constituted as it now is, and that it is the merest folly to attempt to change it.

THOSE who have had the misfortune to suffer from hæmorrhoids, will appreciate the following eccentric, but highly truthful description of their horrors which appears in the *Canadian Practitioner*:—"The Piles! Aha! I knew them well, each feature, though I may not see 'em; Old foes, which fume, and fret, and swell; And vex and plague my perineum. You blush at the mention of a 'pile,' and would, perhaps, the theme avoid; Well, then, suppose, to put on style, We call the thing a hæmorrhoid. Though bearing an ill omened name, It seemed as if they might not pain us, When first, as visitors, they came; And took up lodgings in the anus. But now, at each succeeding bout, The pelvic pains appear distincter, And there can be no longer doubt; Of their relations with the sphincter. You ask me by what obvious signs One may with certainty detect 'em. Well, I can only say that mine Are like a hornet in the rectum; Which, having wandered from the way; And angry at the situation, Stings right and left while yet it may; And tortures one in defæcation. 'Avaunt! it is a vulgar rhyme.' Yet, stay! there must be means to cure 'em: Oh, yes, if you but give them time; And meantime patiently endure 'em. There are a thousand cures you know; All certain sure, as dead shot candy; 'Tis well to buy a score or so; And lay them by to have them handy; And when the hornet's rage is spent, And things assume their wonted quiet; The cure, though it may not prevent; Will quickly quell the painful riot." None but a sufferer could describe this painful affliction so faithfully.

THE following story, which is told by "Dagonet" in the *Referee*, has so much truth about it, that I dare not charge the author with libel, for he would at once prove it by quoting chapter and verse, but it is too bad of him, positively malicious, I say, to expose the tricks of the West End consulting trade in this manner. "The other day," says Dagonet, "I met a poor fellow and his wife who had been supers at the Adelphi, but who had been compelled to give up owing to ill-health. They were both elegantly dressed, and I expressed my surprise, as I had heard they were in needy circumstances. I congratulated them on the evident gain of wealth which had compensated the loss of health. 'Oh, sir,' said

the man, 'these are not our own clothes; they are lent to us by Dr. —.' 'Lent to you by Dr. —!' I exclaimed; 'whatever for?' 'Why, you see, sir, we are supering for him, and he finds the dresses.' 'Does he run a theatre, then?' I asked. 'Lor, no, sir!' was the reply; 'me and my wife, and some of the most respectable-looking of the out-patients at —Hospital, has a shilling to go and sit in his receiving room for two hours a day. We're what they call dummy patients.'"

WRITING of quackery in England, a "Struggling Practitioner" makes the following suggestion in the *Medical Press*. "Place an annual licence duty, of say five shillings, upon every duly registered practitioner, to be collected by the Inland Revenue authorities, who would, of course, only grant such licence on production of evidence of registration, with power to prosecute all unlicensed practitioners. Look at the manner that these authorities extinguish illegality. Thus we find that solicitors, auctioneers, publicans, and all licensed bodies are protected from illicit practices; and why not ours?" The suggestion is by no means a new one, it has often been made, and it would be well for the profession if it were adopted. If medical registration depended upon an annual licence duty to the Government, quacks would meet with no quarter.

PERIPATETICUS.

Original Papers.

MATRICULATION CHEMISTRY.

By A. C. MAYBURY, D.Sc.Lond., M.R.C.S., &c.

(Continued from page 314.)

XL.—AMMONIA (VOLATILE ALKALI; ALKALINE AIR)

NH_3 —continued.

241. *Properties*.—Ammonia is a colourless, transparent, irrespirable, corrosive gas. When breathed, it causes irritation of the air-passages, even when much diluted. It also produces a flow of tears. It has an alkaline reaction, and, when in solution, forms a powerful base. It turns an infusion of blue cabbage green, and blues red litmus-paper. This paper, on exposure to air, from the volatility of the ammonia, regains its red colour. It is a non-supporter of combustion and respiration. It is but feebly combustible. A thin stream of it, however, on escaping into air, may be kindled. It burns with a pale blue flame, producing water and nitrogen. The gas is very soluble in water (§ 242). It may be liquefied by pressure, and has also been obtained in the solid state. Liquid ammonia may be prepared without pressure, by passing the gas into a tube surrounded by a freezing mixture composed of calcic chloride and ice at a temperature of -40°C . Faraday obtained it in the liquid form by heating the ammonio-chloride of silver in a tube bent into the form of a Λ , and sealed at both ends. The salt is contained in one stem of the tube, while the other end is placed in a freezing mixture. The compound acted on is prepared by saturating dry silver chloride with ammonia gas. Heat brings about its decomposition. Thus:—



As evolution of the gas increases, it is subjected to greater pressure, and is gradually condensed to a transparent highly refracting liquid, which boils at -33.7°C ., and has a sp. gr. of .76.

If the silver chloride is permitted to cool, the original compound is formed from the absorption of the ammonia.

If liquid ammonia be exposed to a temperature of -75°C ., produced in a bath containing solid carbon dioxide and ether, under a pressure of 20 atmospheres, we obtain a white, crystalline, translucent mass.

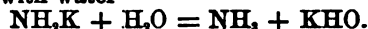
When liquid ammonia evaporates, a large amount of latent heat is absorbed, sufficient cold being produced to freeze water. This is the principle of the artificial production of ice by Carré's apparatus.*

Ammonia, by a succession of electric sparks, is decomposed (§ 245), as also when it is passed through a red-hot porcelain tube, containing copper or iron turnings; pieces of gold, platinum, or silver act similarly. The copper and iron absorb nitrogen, becoming converted into nitrides.

A solution of ammonia in contact with air gives rise to ammonium nitrite. When potassium is heated with ammonia gas, hydrogen is liberated, and potassiumamine, in the form of a greenish-black liquid, is produced—

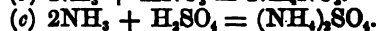


As the liquid cools, an olive-green mass is produced. Ammonia and potash are formed when this compound is mixed with water—



Ammonia is decomposed by chlorine, as already explained, and under certain circumstances nitrogen chloride is formed.

Ammonia unites directly with acids, forming ammonium salts. With (a) hydrochloric acid, (b) nitric acid, and (c) sulphuric acid we get respectively the chloride, nitrate, and sulphate of ammonium—



242. *Solution of ammonia, or liquor ammonia*, is prepared by heating together sal ammoniac and quicklime, as already explained. The evolved gas is passed through a series of Woulfe's bottles (§ 49), containing water. A globe, containing a small quantity of water, is interposed between the retort and the first Woulfe's bottle to intercept any particles that may be carried over mechanically.

Ammonia gas is very soluble in water, as may be shewn by opening a jar of the gas under water, when the latter suddenly rushes up and occupies the entire space (§ 55). During the solution of ammonia much heat is evolved. At 0°C . 1 c.c. (1 gram.) of water takes up .877 gram. or 1149 c. c. of the gas, and at 20°C . .52 gram. or 680 times its volume, the pressure in all cases being normal.† The solution smells strongly of ammonia, and is a colourless alkaline

* Liquefied sulphur dioxide and ether have been substituted for liquid ammonia in the artificial production of ice.

† The absorption of ammonia by water is not proportional to the pressure, and is, therefore, an exception to Dalton and Henry's law (§ 100). At higher temperatures the deviation from the law is less marked, while at 100°C . the gas obeys this law. The gas must of course be under a pressure greater than that of one atmosphere, since at this pressure no ammonia can exist in solution at 100°C .

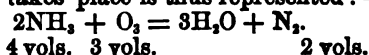
liquid. When saturated, heat readily expels the gas, the solution becoming weaker and less dense. Quantitative determinations of the proportion of ammonia in solutions of different densities have been made, and the results of these observations are recorded in tables, by consulting which the strength of the solution may be inferred when the density has been ascertained.* On exposure to air, ammonia escapes from the solution, and by heat may be entirely expelled. The strongest solution of ammonia has sp. gr. of .88, and freezes at -36° C. to a gelatinous mass. Solution of ammonia dissolves many oxides, as those of silver, copper, zinc, &c.; also many salts, as phosphate, chloride, arsenite, and cyanide, of silver.

243. *Impurities.*—Solution of ammonia may contain (a) carbon dioxide, absorbed from the air, (b) lime, (c) heavy metals, as copper or lead, (d) sulphuretted hydrogen, (e) chlorides, (f) sulphates. The impurities may be recognised by the ordinary tests. Pure ammonia gas may be separated from its impurities by distillation.

Pure *liquor ammonia* should leave no residue on evaporation.

244. *Uses.*—Ammonia is extensively used in the laboratory as a reagent. Both free and in combination it is largely employed in medicine. When externally applied, ammonia acts as a rubefacient and *vesicant* according to its strength. Internally its action is stimulant.

245. *Composition.*—When the dry gas is subjected to the action of a series of electric sparks, or when slowly transmitted through a red-hot porcelain tube, containing quicklime, it is decomposed, and a mixture of hydrogen and nitrogen is evolved. If to four volumes of this gas three volumes of oxygen are added and a spark passed, two volumes of gas are left, which are found to be nitrogen. The change that takes place is thus represented:—



4 vols. 3 vols. 2 vols.

The nitrogen (2 vols.) and hydrogen (6 vols.) are in the proportion of 1:3. Multiplying these volumes by the densities of the respective gases, we get the composition† of ammonia by weight (§ 106, b, 2):—

$$\text{N} = 1 \times 14 = 14$$

$$\text{H} = 3 \times 1 = 3$$

$$17 = \text{molecular}$$

weight of ammonia, and the density is ($\frac{17}{2}$) 8.5.

The analysis of ammonia is best conducted in the eudiometer by two successive explosions. The total volume of oxygen employed must not be less than $\frac{3}{4}$ th the whole volume of ammonia. A series of electric sparks is first passed through the ammonia till it ceases to increase in volume. The nitrogen and hydrogen will

now occupy twice the volume of the original gas. Oxygen is now added, and by the second explosion all the hydrogen is converted into water. From the alteration in volume, which takes place, the composition of ammonia by volume may be inferred. Thus:—

$$\begin{aligned} \text{Volume of NH}_3 &= 20 \\ \text{,, N + H} &= 40 \\ \text{,, N + H + O} &= 100 \\ \text{,, after explosion} &= 55 \end{aligned}$$

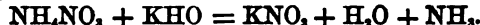
In this experiment 45 volumes have disappeared, of which 30 consisted of hydrogen and 15 of oxygen, while 10 of the residual gas are nitrogen. The composition of ammonia is therefore:—

$$\begin{aligned} \text{Vols.} \\ \text{H} &= 3 \\ \text{N} &= 1 \end{aligned}$$

2 vols.

Or, generally, if v = volume of O used v' the volume of the residual gas, and v'' the volume of O left, we have the volume of H = $2(v-v')$ and the volume of N = $(v'-v'')$, and we always find that $\frac{2(v-v')}{(v'-v'')} = \frac{3}{1}$ and also that $2(v-v') + (v'-v'') = 2V$, V being the volume of ammonia subjected to experiment.

246. *Tests.*—1. Ammonia when *free* is known by (a) its peculiar odour (b), its turning red litmus paper blue (c), its forming dense white fumes with *strong* mineral acids *ex. gr.* hydrochloric or sulphuric acid. 2. If the ammonia is in combination it must be liberated by the addition of potash or soda, and on applying heat the gas is evolved. Thus, with ammonium nitrate, we should get a nitrate of the alkali, water and ammonia:—



(To be continued.)

MEMORY: NATURAL AND ARTIFICIAL.*

By W. F. EDWARDS-GREEN.

(Continued from page 361.)

I now come to the second division of Memory, namely, Special Memory. By special memory I mean that memory which is always in the waking state associated with consciousness.

Special memory, like general, is subdivided; thus we have the memory of the intellectual faculties, the memory of the emotions, and the memory of pain. First, the memory of the intellectual faculties; this includes the memory of the lower or perceptive faculties, such as memory for forms, colours, etc., and the memory of the higher intellectual faculties, reason and imagination.

The perceptive faculties differ in individuals; for instance, five persons are looking at a village from a hill; as far as the eye and general memory are concerned, all will see the same view; but as a matter of fact, they will each have a different remembrance of the view, very likely as follows. One man, with a large faculty of locality, will remember the exact position of the houses, trees, &c. Another, with mechanical talent, will remember the construction of the roads and houses; and so on, each faculty, by a sort of selection, taking from the sensory memory impressions peculiar to itself, but requiring the consciousness and attention to do so.

I will commence with the memory for figures, because this faculty cannot be explained in the way that some authors explain the other faculties; thus, that the faculty of form is due to the muscles of the eye, and the faculty of colour due to the sensibility of the retina.

With the generality of people, the memory for figures is the most unstable; even such a very simple list of figures as the weights and measurements of the different organs of the body is found very difficult to learn, and certainly I could mention a good many cases where it is not for want of trying.

*A paper read before the members of the Abernethian Society, St. Bartholomew's Hospital, on October 22nd, 1886.

* A few examples are shown in the subjoined table:—

Sp. grs. and corresponding strengths of solutions of ammonia at 14° C. (57° F. (Carius).

Ammonia per cent.	Sp. gr.	Ammonia per cent.	Sp. gr.
36	.8844	90	.9251
34	.8835	10	.9386
32	.8829	1	.9689

† If we take the densities of nitrogen and hydrogen as compared with air instead of hydrogen, the same result comes out. Thus:—

$$\text{N} = 1 \times .9674 = .9674$$

$$\text{H} = 3 \times .0691 = .2073$$

These numbers are as 14 to 3, i.e., one atom of nitrogen to three of hydrogen. Therefore $(14 + 3) = 17$ is the molecular weight of ammonia, and $(\frac{17}{2} + .2073) = 8.573$ is the density compared with air.

I know, personally, two cases where the memory for figures is very good; one a lady, whose memory for figures is so extraordinary that she can tell at once the day of any occurrence within the last five years. The other, her son (whose memory, though not quite so extraordinary) can tell, almost before the question is asked, what day of the week June 9th, as the case may be, was on, for the last two years perfectly, by simply remembering the date, without calculating, and for many years before, but then only by special events such as cricket and football matches. As he remembers figures better than anything else, he remembers facts by association with figures.

The most remarkable example of the faculty of calculation and the memory of figures, which invariably accompanies it, is the case of Zerah Colburn, who, when eight years old, could give, almost before it could be written down, the square root of 17 figures, or raise a single figure progressively to its sixteenth power. Other examples are George Bidder, Euler, and Professor Sylvester. On the other hand, George Combe is an instance of the entire absence of this faculty, for though he studied mathematics for seven years, he could never master the multiplication table.

Next the faculty and memory of forms, shapes, and faces. It is very large in most artists and detectives, and was especially large in Turner, in whose life it is said that, having taken a good look at a ship, he could go home and draw from memory the ship, and all that could be seen, as exactly as if he had been standing in front of it.

Other examples are very numerous, but the most remarkable is the following, related to Abercrombie, by Dr. Duncan, of Edinburgh, who heard it on the spot, and saw both pictures:—

"In the church of St. Peter, at Cologne, the altar piece is a large and valuable picture by Rubens, representing the martyrdom of the Apostle. This picture having been carried away by the French in 1805, to the great regret of the inhabitants, a painter of that city undertook to make a copy of it from recollection, and succeeded in doing so in such a manner that the most delicate tints of the original are preserved with the most minute accuracy. The original painting has now been restored, but the copy is preserved along with it, and even when they are rigidly compared, it is scarcely possible to distinguish the one from the other."

The above is an example of the memory of colour as well as form. Again, there are others who can remember anything better than faces, and have the greatest difficulty in remembering their friends. I know personally a gentleman who, though he has met an acquaintance dozens of times, cannot recognise him by his features.

The memory for tunes was very large in Mozart, who wrote down the "Miserere," after having heard it twice in the Sistine Chapel.

Yet the faculty may be deficient, though hearing is perfect, and the other faculties normal.

I know of two cases, one a clergyman, who knew his deficiency, and had in other respects a remarkably good memory, but he could not tell the Blue Bells of Scotland from the Old Hundredth. The other example was a man who imagined that people in general had not the right idea of music, and had taken to singing. I heard him sing once at an evening party, what accompaniment was played mattered not; he sang or thought he sang on.

Next the memory for words. It is familiar to all how some persons are never at loss for a word to express an idea, always remember names, learn new words easily, and commit to memory, can, as children often do, learn by heart; that is, simply the words, and nothing else. Shakespeare had this faculty enormously developed. Abercrombie gives the following:—

Dr. Leyden, who was distinguished for his extraordinary power of learning languages, could repeat correctly a long "Act of Parliament," or any similar document, after having once read it. Being congratulated by a friend on his remarkable gift, he replied that instead of being an advantage, it was often a source of great inconvenience to him. This he explained by saying that when he wished to recollect a particular point in anything which he had read, he could only do so by repeating to himself the whole from the commencement, till he had reached the point he wished to recollect.

There may be entire loss of a single faculty, as in a case related by Carpenter:

"A lad was three days insensible in consequence of a severe blow on the head; found himself, on recovering, to have lost all the music he had learned, though nothing else had been thus 'knocked out of him.'"

The length of this paper will not permit me to give examples of the other forms of memory, for events, places, etc., but they are as evident, varying from complete deficiency to an abnormally large development. The slighter variations will be apparent if as few as half a dozen persons compare their memories.

The respective parts played by General and Special Memory is well shown by the following example:—A person looks at a sheet of Chinese characters, or hears a foreign language for the first time, without understanding either, but as far as the eye, ear, and general memory are concerned, he will see the characters, and hear the language, as well as if he understood both. But now the impressions pass upwards to the intellectual faculties in the cortex of the cerebrum, the attention having been brought to bear on the subject, perhaps he notices that one of the characters is like a saucepan upside down, and stands for a tiger. The higher intellectual faculties may then operate, and he may imagine a man being torn in pieces by a tiger, and this calls forth a corresponding emotion, each process being remembered by a particular faculty, though all are associated.

I now wish to prove the principle—That the consciousness of the first impression intensifies the second by association, and that unless the consciousness of the first impression is called up, both will remain separate. A very simple example will suffice to show what I mean. The plane tree is one of the commonest trees in London (nearly all the trees out in the square are plane trees) and yet I have taken a leaf and shown it to numbers of persons, and asked them if they knew what it was. They have all said, "No; I have never seen anything like it before." And some even went so far as to say "I am positive I have not, because I always notice everything, and should certainly have remembered if I had." Now, all those persons must have seen numbers of plane trees every day without reviving any previous impression, or making any association: so all the impressions remained distinct, and would only be revived by the remembrance of some incident occurring in connection with one of them.

The only attempt at localising any faculty is the assigning the memory for words to Broca's convolution, and yet a patient with aphasia can understand what is said to him.

Many authors say that the brain is like a ship, and will only hold a certain amount, and that this amount is soon reached. Thus, if a medical man wishes to learn astronomy, he can only do so at the expense of his medical knowledge. I find that a middle-age man, who complains very much of his memory, can still remember the exact particulars of the different courses and wines of dinners he has been at.

I find the loss of memory depends on the age, not on the amount of acquired knowledge of the individual. I know a clergyman who has thoroughly mastered twenty-two trades, and found no difficulty with his memory till he was middle-aged.

The process is gradual, and it would be surprising if the cells were as plastic and ready to receive impressions as in youth; and we find that the loss of memory is for recent impressions. But the loss is never entire; for if it were so, how could the occupations of life be carried on? How could the doctor remember his patients and their complaints? What we see corresponds to an imperfect impression, which requires to be repeated more often than formerly.

I come now to recollection, and Ferrier has proved that the seat of consciousness is above the basal ganglia; therefore, we cannot reproduce directly the impressions in the cells of the optic thalami, but only reflexly by a sensation arousing the consciousness of a former impression, or directly by a stimulus from the special memory, either from a faculty or emotion; and this is what we find to be the case. The following is told of a distinguished equity judge by Dr. Carpenter:—

It has frequently occurred to him that "further proceedings" have been taken in a "cause" which he had heard some years previously, and had dismissed altogether from his mind; he has found himself, in the first instance, to have totally forgotten the whole of the former proceedings, not being even able to recollect that the cause had been previously before him. But in the course of the argument, some word, phrase,

or incident has furnished a suggestion, that has served at once to bring the whole case vividly into his recollection, as if a curtain had been drawn away, and a complete picture presented to his view.

Before concluding the subject of Natural Memory, I wish to make a few remarks about the basal ganglia. I can find no pathological evidence against the theory I have advanced to-night; disease of the optic thalamus causes impairment of the special senses on the opposite side.

The use of the peculiar blood supply of the basal ganglia (they receive special arteries which do not anastomose with those of other parts of the brain), may be explained thus:—When reflecting, the brain receives an enormous supply of blood, but the attention being concentrated on internal impressions, a large supply of blood to the optic thalami would cause external impressions to be very vivid and distracting, so an inhibitory influence being conveyed to the vaso-motor centre its arteries are caused to contract. We can almost feel this process taking place; look steadfastly at a sheet of printed paper, and then concentrate your attention on your thoughts, and then look at the paper; it will appear quite blank, and the letters gradually re-appear.

A similar process must take place on going to sleep, the inhibitory influence causing the contraction of all the arteries, but leaving sufficient consciousness for dreams and the processes of unconscious cerebration. Consciousness would seem to depend then upon the dilatation of the vessels of certain parts of the brain, and this would explain why one part of the brain is conscious when another part is not; for example, the perceptive faculties are not conscious when we are actively reasoning, and the same with the emotions, each part of the brain having predominance when its blood supply is increased. That is that with the nerve cells the amount of consciousness varies with the blood supply.

Artificial Memory.

All the different artificial systems I have seen are essentially the same, and may be summed up in the following:—Concentrate your attention; classify and condense; make associations; substitute letters for figures; and localize your ideas.

It is at once obvious, that as the intellectual faculties differ in every individual, no artificial system which is intended to teach all alike, will be of much good.

Concentration of attention is important, as, without it the intellectual faculties will not be brought to bear properly on the subject.

Next, condensation and classification: these are important, because the less there is to learn, the better it can be learnt. Also, we cannot classify or condense without paying attention to what we are doing, and again because it involves the principle—That the consciousness of the first impression intensifies the second. If we remember a general principle, or fact, we can recollect its subdivisions at will; thus, I always remember the great nerve plexuses of the body, namely, the cervical, brachial, lumbar, and sacral in the following way:—Each is composed of four nerves and a branch from the nerve above. Thus the lumbar plexus, the upper four lumbar, and a branch from the last dorsal; the sacral plexus, the upper four sacral and a branch from the last lumbar, and so on; remembering, of course, what no one is likely to forget, that the brachial plexus has, in addition, the greater part of the anterior division of the first dorsal.

Next, the process of making associations. This is the most generally recognised principle of memory, but will depend very much upon the faculty with which the association is made; thus to make an association with a weak faculty would be the surest way of forgetting.

For instance, a man with a very weak faculty of form, and a very good memory for words, is told by a friend who has a very large faculty of form, and a very bad memory for words, that the only way to learn his bones is to draw them; he does so, very likely takes a whole evening to produce the most villainous drawing, and the next day forgets both drawing and bones. Now, if my principles be correct, the following would be the way for him to proceed:—He should first learn a concise description of a bone, carefully comparing it with the bone to see if it is correct; by this means he will remember both description and bone. What good is it for a man who can only remember facts and reasons to try and learn by heart? And *vice versa*. What advantage is it to a man who can remember a long list of figures, to turn them into letters?

A weak faculty may be improved by practice, to a certain degree, but it is very unsafe to trust to it.

The memory for words is better than that for figures in nearly everyone, and the way to apply this principle is as follows:—

I always use the word PROFITABLE. It contains ten letters to represent the nine numerals and cipher. Thus I remember the formulæ of the different drugs, as follows:—Take, for example, morphia, $C_1H_1NO_3$, as *Pain pleasantly passes off*. The p—a—of pain representing 1—7, and so on; making an association of the sentence with the action of the drug.

Lastly, localising impressions. This principle will be especially useful to those who can remember the relative positions of objects. The teachers of artificial systems all seem to have a large faculty of locality. They use a room, or a house, which they know perfectly, to localise and associate their ideas with; thus, if the relations of an artery were to be remembered, they imagine the artery in the centre of the room, and in regular order imagine the muscles, nerves, &c., associated with the chairs, tables, and cupboards. It seems to me that after about twenty arteries were learnt in this way, they would get a little mixed. I don't know, as I have never tried.

The principle might be well applied to the following though: Supposing a man who can remember what he sees, and not what he reads, is asked for a list of the tinctures in the B.P. He will vainly try and think of the tinctures as tinctures. The preparations in the museum are arranged in four partitions, called A, B, C, and D. On the shelves of A, B, and C there are 12 preparations to a shelf; on the shelves of D, 16 preparations to each. Now the tinctures occupy the lower 4 shelves of C, and the upper shelf of D, with 4 over, that is, 68 in all. If he remembers that Tincture of Cubebs occupies the fourth place on the third row of C, he will at once see that there are 28 tinctures whose first letter is either A, B, or C; now let him think of the drugs commencing with those letters; think of the drawers they are in, and so on to the end. The number, and in a good many cases nearly all the drugs themselves, may be remembered by the position they occupy on the shelves and in the drawers.

I have here only stated the principles of memory, and have given an example of each, time not permitting me to give examples of the various ways to be adopted, with different combinations of the intellectual faculties. But before I conclude I will give an example of a very common combination. I mean when a man can remember faces but not names. The first thing to do will be to associate the name with some peculiarity of the individual; with a little practice this is very easily done. The other way is to adopt a peculiar style of writing for names, and when a name is to be remembered, write it down at the time, and so substitute the *form of the name* for the name.

I may say that I have always found these principles to answer, and I shall be happy to explain to any gentleman, to the best of my ability, the way to be adopted in any particular case.

I am afraid I have already occupied your attention too long, but in conclusion I venture to ask your indulgence for such errors and shortcomings as you will doubtless find in this paper. I have held these views for some time, and have found, with increased knowledge, reason rather to confirm than alter them; difficulties which at first seemed insuperable I have come across cases to explain.

I will finish by saying that, if this paper has no other merit than bringing before you accounts of some interesting cases, and affording a field for discussion, I shall feel well satisfied.

EXAMINATION FEES IN CANADA.—The fees demanded by the Boards excite a good deal of grumbling on the part of students and practitioners. A sum of \$70 is charged by the Ontario Board for the three examinations—matriculation, primary, and final: and, in Quebec, the registration fee is \$20, and the matriculation \$10. It is the old story—those who are best treated often complain the most. In the matter of fees, the medical students of Canada are in too easy a position, and they must expect changes in the near future. While the expenses of conducting a medical school have quadrupled in the past twenty-five years, the fees have not increased 10 per cent. The charges of the Boards are just and reasonable, as well as necessary to meet expenses.

NOTICES.

We desire to give notice that subscriptions will not be received for less than one year at the published price, six shillings. Those who wish the GAZETTE forwarded by post for a less period than twelve months must remit the full price at 2½d. per copy.

The Hospital Gazette.

SATURDAY, NOVEMBER 14, 1885.

EDITORIAL AND PERSONAL.

THE subject for the Fothergillian Gold Medal, to be awarded in March, 1886, by the Medical Society of London, is "The Nature of the Fevers usually termed in this country *Fabricula*, Simple, Continued, and Modified Typhoid."

WE would remind intending essayists for the Astley Cooper Prize that competitions for the next Triennial Prize of £300 must be sent in on or before January 1st, 1886. The subject of the essay is as follows:—"Diseases and Injuries of the Nerves, and their Surgical Treatment, together with the Operations performed upon Nerve-trunks in the treatment of various diseases, and descriptions of the changes which ensue in other structures, as well as in the nerves themselves, from these operations."

A new edition of that well-known "Text-Book of Operative Surgery," by Bernard and Hutte, edited by A. T. Norton, F.R.C.S., has just made its appearance. It is in every sense an *édition de luxe*, printed on rolled paper, with eighty-eight steel plates, hand-coloured, and bound in calf. It is a most magnificently turned out work, and the publishers, Messrs. Baillière, Tindall, and Cox, are to be congratulated on being instrumental in making such a handsome and valuable addition to surgical literature.

FROM the calendar of the Royal College of Surgeons of England, which has just been published by the Council, it appears there are now 16,723 members on the roll. If to this is added the 1,153 Fellows, it represents an army of 17,675 recognized medical men, not only practising the profession in all parts of Her Majesty's dominions, but in several foreign States also. During the past collegiate year 113 candidates went up for the first or anatomical and physiological examination for the Fellowship, no fewer than 64 of whom being referred. At the second or final Examination, out of 56, 19 having failed to acquit themselves to the satisfaction of the Court of Examiners were referred for one year. At the primary examination for the membership, the large number of 1,258 candidates presented themselves, of whom 570 were referred for three months, and 135 for six months. At the pass examination, out of 960 candidates no less than 397 were rejected. The income of the college for the past year amounted to £25,866 13s. 9d., de-

rived principally from fees paid by candidates at the examinations, which amounted to £20,698 2s. The expenditure amounted to £22,402 9s. 1d. the largest amount being in fees to Court, Boards Examiners, and Councils £7,012 5s. Salaries and wages to officers and servants in the three departments of museum, library, and office, amounted to £4,464 11s. 8d.

By the death of Dr. W. B. Carpenter, O.B., F.R.S., one of the most familiar figures of the modern scientific world is removed from our midst, and there is closed a long and busy life of more than ordinary usefulness. Dr. Carpenter was in the seventy-fourth year of his age; and the cause of death was an injury accidentally received on Monday last. Although of late years he has not been so prominently before the public as was formerly the case, there are still few persons, probably, who are not familiar, at least, with the principal labours of the deceased physiologist. As the author of "The Principles of Human Physiology," he claims a foremost rank among scientific writers; while the long out of print "Principles of Comparative Physiology" is even now regarded by biologists with peculiar veneration and respect. Dr. Carpenter's work on the Microscope has, however, always been the most popular of his productions; and it is not going too far to say that it, in no inconsiderable degree, helped to create that enthusiasm for science which exists so largely in this country at the present time. Dr. Carpenter was, for a long series of years, Registrar of London University, and Examiner at this and other institutions. During a great portion of his life, also, he performed the duties of public lecturer in the principal towns of Great Britain, having been among the first to bring the facts of science within the popular ken by exciting the interest of the people in such subjects of study. Latterly he has, of necessity, been less actively employed; but several valuable evidences of his continuing labour have been published recently in the shape of essays, pamphlets, and letters.

On Monday, in the presence of H.E. the Lord-Lieutenant, Dr. Cunningham delivered the inaugural address of the session in the new Anatomical Theatre, Trinity College, Dublin. The lecturer gave a very interesting history of the University Medical School, from its foundation in 1591 to the present. H.E. the Lord-Lieutenant, followed, and having paid a high tribute to Trinity College, Dublin, Medical School, touchingly alluded to the death of the Duke of Abercorn, Chancellor of the Royal University of Dublin.

At the Meath Hospital, Dublin, on Monday last, Dr. Arthur Wynne Foote delivered the opening sessional address, subject, Clinical Observation. He concluded by quoting Ruskin:—"The greatest thing a human soul ever does in this world is to see something and tell what he saw in a plain way. Hundreds of people can talk for one that can think, but thousands can think for one that can see."

A respected Irish correspondent writes as follows : "Those who remember some years ago the letters to the *Times* concerning 'Anonymas' and 'Pretty Horsebreakers,' will not have far to seek to account for the spasmodic moral fit which has culminated in the abduction of Eliza Armstrong. To be brief, four causes may be assigned as producing these periodic outbursts. First, the British matron, bristling with virtue, objects to the competition existing between the *handsome Lelaira* and her own dowdy and portionless daughters, as many an Athenian dame may have cursed the brilliant Aspasia who stood between her child and the bridal couch of Pericles. Secondly, preachers and lecturers are finding that Bible Societies and Missions to the Jews are losing their hold on the public mind, and that a new sensation is absolutely necessary to secure listeners, to say nothing of stipends. Thirdly, that numerous body, the *old maids of both sexes*, whose prurient imaginations ever need some filthiness to dwell on, are beginning to find the Contagious Diseases' Act losing flavour, and want a sharper stimulant to their palled palates ; and, fourthly and lastly, what man on earth is so strictly moral as the worn-out lecher ? Mehemet Ali who, in his vigorous manhood had handsome Circassians dancing before him in *puris naturalibus*, in his old age became so moral that he instituted a holy war against all the dancing girls in Egypt. These are the causes that have led to the stirring up of every moral cesspool and to the publication at this moment of such polluting details as must revolt every lover of social order.

On Saturday last, the first of a series of classes on Camp Cookery, was held at Exeter Hall in connection with the Volunteer Medical Staff Corps, the best method of preparing various diets for invalids in Camp Hospitals being practically shown. The class was well attended, the members of the corps evidently being aware of the large amount of useful information to be obtained therefrom. We are also enabled to state that two attendances at these classes count as one drill towards efficiency. "C" Company: This (Saturday) afternoon a lecture on "Lines of Relief" will be delivered at Guy's Hospital, after which a drill will be held. Plain clothes to be worn. This is the first of a series of lectures on "Field Ambulance Work," which will take place in rotation at Guy's, St. Mary's, and the London Hospitals on alternate Saturdays.

In order to perpetuate the memory of the late Earl of Shaftesbury, 40 years President of the Young Men's Christian Association, a Scholarship has been established in connection with the Exeter Hall (London) University Classes. It is of the annual value of twelve guineas, secured by open competition, and is intended to encourage and assist young men (under 21) to graduate at the London University. Regulations and other information can be had free on application to the Secretary, Y.M.C.A., Exeter Hall, London.

GRANDIOSA PHRASIOLOGY.—Nystagmus, or oscillation of the eyeballs, is an epileptiform affection of the cerebellar oculomotorial centres!

DR. HEYWOOD SMITH AND THE ARMSTRONG CASE.

THE Armstrong case, after a most patient and exhaustive trial, has been concluded, and the chief actors in the revolting drama have been sent to prison. There is no doubt some satisfaction in this, but nothing will undo the mischief which has been done by the dissemination of such disgusting details as were published in the *Pall Mall Gazette* as the "Maiden's Tribute," which we now know to have been a tissue of falsehoods.

But we have not on the present occasion to deal with Mr. Stead and Mrs. Jarrett—they may be left to the solitude of their prison reflections. Our present duty is with Dr. Heywood Smith.

Our readers are aware that, as soon as Dr. Smith's evidence was published, we embraced the earliest opportunity of denouncing his conduct in the strongest possible manner (See HOSPITAL GAZETTE, October 31). To our surprise, none of the other medical papers referred to it any way, and, from information we could glean in professional circles, it was intended by some, if not all, of the other medical papers to observe a discreet silence, and let the matter blow over. That, not a word of disapprobation of Dr. Smith's part in this transaction should have appeared in those papers which are usually regarded as the mirrors of medical opinion, is discreditable to medical journalism. No doubt we shall be told this week by the editors that they could not refer to the case before, as it was *sub judice*. Stuff and nonsense ! Dr. Smith's conduct was not *sub judice*, and he could have been dealt with editorially without prejudice to Stead, Jarrett, and Mourez. The fact is, Dr. Heywood Smith lives in Harley-street, and it is not nice to have to cast any reflections upon those members of the Faculty who reside in the neighbourhood of Cavendish-square, and are received in the best professional circles. Had it been Dr. Smith of Sheep Trotters Lane, Lambeth, or Dr. Jones, of Gin Drinker's Alley, Whitechapel, the pious indignation of our medical editors would have been a sight for the saints. Ye gods, and little fishes ! What tears, curses, and maledictions would have proceeded from Bedford-street and the Strand !

The Judge having spoken, &c., &c., of course the medical journals "will now feel at liberty to make a few comments upon this painful case !" Quite so.

It is most gratifying to us that in summing up the case to the jury Mr. Justice Lopes gave expression to his opinion of Dr. Heywood Smith in language very similar to that adopted in our article of the 31st ult. He said :—

"I cannot allow this part of the case to pass without saying a few words with regard to Dr. Heywood Smith. I am sure you will recollect the ghastly spectacle presented to us on June 4th, at three o'clock in the morning, when Dr. Heywood Smith thought fit to examine this child after subjecting her to chloroform. He knew the child had been bought for immoral purposes, and he knew she had been examined by Madame Mourez. I presume everything that had happened had been told him. I assume, with the full knowledge of everything told him, he

cannot have for a moment supposed that Booth and Stead had any right to deal with the child. Notwithstanding, he has the child sent to the house in Nottingham Place; he goes there at three o'clock in the morning, administers chloroform when the child is asleep, and then makes an examination. Anything more discreditable to a medical man I cannot imagine, and I do grieve to find that anybody belonging to that great profession to which Dr. Heywood Smith belongs should do such discredit to it. I say that after the fullest consideration of the circumstances."

In the face of this opinion the College of Physicians cannot remain quiet. They must take some action, either by way of approval, or condemnation. They will not condemn Dr. Smith unheard; but if he has not more to say for himself than he said in the letter which we published last week, he might as well remain silent.

When we published the article criticising Dr. Smith's conduct, we sent him a copy of the GAZETTE, and expressed our willingness to publish anything he might have to say in reply. We had hoped that he would have acknowledged that he had been unwittingly led into error, and also expressed regret that his thoughtlessness had brought discredit upon the profession, instead of which he, unabashed, attempted to defend himself, and with the utmost assurance, charged us with animus towards him. We deny the imputation; the only animus we have in the matter is the desire to vindicate the honour of the profession, and if we had not the courage or inclination to do this, we should be unworthy to occupy the humble position we claim to occupy among the exponents of professional opinion.

The Operating Theatre.

ST. BARTHOLOMEW'S HOSPITAL.

WEDNESDAY, OCTOBER 28TH.—Mr. Thomas Smith operated on a child three and a half years old on the subject of Cleft Palate. The child had been operated upon in early infancy for hare-lip, by Mr. Smith, with an excellent result; but he preferred to let the palate alone until the child had become more vigorous. The cleft extended from just half-an-inch from the teeth, through the palate, dividing the uvula equally. The child was unable to articulate so as to be understood. The operation was performed under ether, without any unusual difficulty or hæmorrhage.

OSTEOTOMY.

Mr. Bruce Clark performed the operation of osteotomy for curvature of the tibia and fibula, just above the ankle. One leg had been operated upon early in August, and had resulted in a very satisfactory cure. Mr. Clark pointed out that this was not an ordinary case of rickets; the bones had become bent simply because of the extraordinary size and weight of the child. Although barely 3½ years of age, he is as big and heavy as many boys of twelve or fourteen, being an extraordinary example of early puberty. His genital organs are developed

in a remarkable manner, and the pubes covered with an abundant crop of hair. Mr. Clark has made every inquiry, and verified the statements as to the child's age.

University, College, and Hospital Intelligence.

DUBLIN.

ROYAL UNIVERSITY OF IRELAND.—The following resolutions have been adopted by the Senate:—1. That a special diploma be awarded to each candidate who may satisfy the examiners at the examination for the Stewart Scholarship for proficiency in the treatment of mental diseases. 2. That application be made to the Lord Lieutenant for approval of the following additions to the list of recognised medical institutions.—The Glasgow Royal Asylum for the Insane, Hanwell Lunatic Asylum, Birmingham Lunatic Asylum, and Cork Union Hospital. 3. That attendance at either theoretical or practical midwifery ought not to be commenced until after the passing of the second examination in medicine, and that no certificate of such attendance shall henceforth be received where the attendance may appear to have taken place subsequent to the close of the year 1885, but prior to the passing of the second examination in medicine. It has also been decided that next year the First Examination in Medicine shall be held about the beginning of July, and not in the spring. A similar examination will be held also next autumn.

ACADEMY OF MEDICINE IN IRELAND.—The third annual general meeting of the Academy of Medicine was held on Friday last, 30th ult., in the King and Queen's College of Physicians, Kildare Street, Dublin. There was a very large attendance, amongst those present being Professor E. H. Bennett, Surgeon Wheeler, the Registrar-General (Dr. Grimshaw), Professors A. W. Foote, J. W. Moore, W. G. Smith, J. B. Quinlan, Edward Hamilton, Edward Dillon Maypothor, Philip C. Smylig, Sir Charles A. Cameron, J. M. Finney, William Stoker, J. K. Barton Kendal Franks, Doctors A. Patton, G. N. Duffey, H. G. Tweedy, J. M. Redmond, Robert McDonnell, F.R.S., Albert Croly, Thomas Evelyn Little, William Moore, &c. J. T. Banks, Esq., M.D., Physician to the Queen, President, occupied the chair. The Secretary, Mr. W. Thomson, F.R.C.S., read the report, which showed a steady increase in the number of fellows and members, and a balance in bank to the credit of the Society amounting to £385 3s. 1d. On the motion of Dr. Robert McDonnell, seconded by Dr. Quinlan, it was resolved—"That medical officers of the army and navy and registered medical practitioners not residing within 16 miles of Dublin be eligible as fellows of the Academy, on payment of the entrance fee, and an annual subscription of £1 ls." The Scrutineers having reported that Dr. Robert McDonnell, F.R.S., had been appointed President for the ensuing three years, Dr. Banks, the retiring President, thanked them for the honour conferred on him by their having elected him president for the past three years, and trusted his actions had met with their approval. He said a better selection could not possibly be made, and he had very much pleasure in vacating the chair for his friend, Dr. McDonnell. Dr. Robert McDonnell, having taken the chair, amid loud and prolonged applause, said he thanked the Academy most sincerely for the high honour they had done him in electing him President. He was happy in succeeding in the chair a friend whom he admired much as a gentleman, who had just vacated it. His professional merits they knew to be great, and his social merits still greater. He begged to propose a vote of thanks to their late President for his valuable services to the Academy. The vote was carried by acclamation. The following were declared elected officers for the ensuing year:—President, Robert McDonnell, M.D., F.R.S.; Treasurer, G. F. Duffey; General Secretary, William Thomson; Council of Medical Section, Doctors R. F. Cruise, J. Hawtrey Benson, J. Magee Finney, Samuel Gordon, J. W. Grimshaw, R. A. Hayes, Henry Kennedy, A. N. Montgomery (Secretary), J. W. Moore, William Moore, and H. C. Tweedy; Council of Surgical Section—President, Sir Charles A. Cameron; Surgeons J. K. Barton, William

Colles, C. Coppinger, Henry Gray Croly, Kendal Franks, Edward Hamilton, E. D. Maypothor, E. S. O'Grady, W. Thornley Stoker, and William Stokes (Secretary). Obstetrical Section—Doctors T. More Madden (President), Lombe Atthill, Jno. A. Byne, J. J. Cranny, Professor Dill (Belfast), A. J. Horne, G. H. Kidd, W. Cox Neville (Secretary), R. D. Purefoy, William Roe, and W. T. Smyly. Pathological Section—President, Thomas E. Little; Council, C. B. Ball, J. Wallace Beatty, E. H. Bennett, A. H. Benson, A. H. Corley, A. W. Foot, J. V. Lentaigue, J. M. Purser, W. G. Smith, and J. B. Story (Secretary). The Academy then adjourned.

RE-OPENING OF THE JERVIS STREET HOSPITAL.—On Thursday 29th ult., the Most Rev. Dr. Walsh, Roman Catholic Archbishop of Dublin, presided at a public meeting which was held in one of the main wards of Jervis Street Hospital, in connection with the opening of that Institution. There was a very large and fashionable attendance of the medical and lay element, and great interest was manifested in the proceedings. The Archbishop, in opening the proceedings, said he knew very little of the hospital, but this he knew at all events, that it stood in splendid contrast with other institutions throughout the city—institutions which were at present on their trial for religious intolerance. He regretted that in one hospital in particular, had this spirit predominated, and quoted that it has only one Catholic on its staff of medical men. He hoped that this hospital—which was so deserving a one—would soon receive State aid in order to better carry on its work. Now, that an inquiry had been instituted by the Government, he hoped that State assistance would be more evenly and fairly distributed amongst the hospitals, and in proportion to the number of beds contained in each. His Grace again rose and said, I am requested to read the award of prizes obtained at the examination held at the close of last session. I have much pleasure in presenting to Mr. Edward W. Gray, M.B., Dublin University, the Gold Medal in the Senior Class. Doctor Gray, amid loud applause, was presented with the medal by the Archbishop. His Grace then said—In the Intermediate Class Mr. Thomas Connelan obtained the Silver Medal, and in the Junior Class, Mr. Charles A. Scott won the Silver Medal. The Archbishop then, amid applause, presented the medal to each of the gentlemen. Mr. Edward T. Stapleton then read the Managing Committee's report, from which it appeared that the entire expenditure on buildings to the close of the financial year, 31st December, 1884, amounts to £31,717 11s. Since that date up to the 30th September, 1885, £4,700 18s. 3d, has been laid out, leaving the committee indebted to their bankers in a sum of £684 15s. 6d. A further sum of £18,000 is required to complete the buildings, and to effect this, £5,000 is required at once. The Right Hon. the Lord Mayor moved, and the Rev. Benjamin Gibson seconded the adoption of the report. Mr. R. P. Carton, Q.C., moved the opening of a Subscription List in aid of the needed funds. Mr. Erlington, barrister-at-law, seconded the motion, which was unanimously adopted. A vote of thanks having been proposed and carried unanimously, to the Archbishop for his kindness in presiding, and His Grace having replied, the proceedings terminated. The Subscription List was then opened, and in a few minutes £650 was subscribed.

GLASGOW.

ROYAL INFIRMARY MEDICAL SCHOOL.—This school was opened last week by an introductory address, given by Dr. Wallace Anderson (Lecturer on Medicine), on the "Vis Medicatrix Naturæ." Lord Provost Ure was in the chair, and there was a large attendance of the profession and students. This session promises to be a very successful one, both in point of numbers, not only of former students, but also of juniors commencing study. But with such a hospital as the Royal (one of the largest in the kingdom), and with such a fine building for the College, there is nothing to hinder it from being one of the first schools in the kingdom.

THE ROYAL INFIRMARY MEDICAL SOCIETY.—On Saturday last, the opening meeting of the Medical Society was held, Dr. Parry, the retiring President, in the chair. There was a large attendance of students. After some words of welcome from Dr. Parry, the appointment of new office-bearers was proceeded with, and as a result of the voting, the following were elected office-bearers for the new session:—Honorary President, Dr. MacIntyre; President, Mr. Horace K. Young; Vice-

President, Dr. Moon; Hon. Secretary, Mr. Arnold E. Thorpe; Treasurer, Mr. W. McArthur; Committee, Messrs. France, Fortune, Hughes, and Mulraney. It was also determined to change the day of meeting from Saturday till Friday evenings, at 7 o'clock.

RARE CASES IN THE INFIRMARY.—In Dr. Fleming's wards there is a typical case male of Charcot's disease of the joints, and in Dr. Clarke's wards there is a case of vascular protrusion of the eye-ball in a female.

ANDERSON'S COLLEGE.—The first regular meeting for the current session of the Medical Society in connection with the above College was held on Saturday last, in the Materia Medica Class-Room of the College. There was a good attendance, some warm discussion, and the following office-bearers were elected:—Professor Christie, Honorary President; Professor Dunlop, President; Mr. T. Davidson, Vice-President; Mr. H. Marshall, Secretary; Mr. P. Campbell, Assistant Secretary; Mr. H. C. Swaile, Treasurer; Mr. H. Smith, Librarian; Messrs. C. B. Humphrys and J. Davidson, Auditors. It was also resolved to provide the Reading-Room with the following newspapers:—*The Lancet*, the *HOSPITAL GAZETTE*, the *London Daily News*, the *Edinburgh Scotsman*, the *Dublin Freeman's Journal*, the *Glasgow Herald*, and the *North Wales Chronicle*.

LONDON HOSPITAL.

THE MEDICAL SOCIETY.—The next meeting of this Society will be held on Thursday evening next, the 19th, at 7 o'clock, when a paper on "Fantastic Hygiene" will be read by Mr. Frederick Treeves, F.R.C.S. Students from other hospitals are welcome, but must be introduced by a member of the Society.

LONDON HOSPITAL FOOTBALL CLUB.—Two matches have been arranged to take place this day (Saturday) between the above Club and the "International College" and the "Croydon" Football Clubs. They will be played at Isleworth and Croydon respectively.

UNIVERSITY COLLEGE, LONDON.

The first general meeting of the University College Society was held at the College in Gower Street, on Tuesday evening last. The Secretary (Prof. Morley), in his report, showed that the Society meant to be—and had already to a great extent become—an organisation that united all members of the College, both teachers and students, for the furtherance of social intercourse and fellowship. The number of its members, at the close of 1884–5, was 998; and the subscription, which had been placed at the low sum of one shilling, had been sufficient for its purposes. Eight assemblies have been held by the Society during the year now closed, at which the average attendance has been about 800. Other parts of the work of the Society have been the furnishing of the Common Room of the College for Men-Students, and the laying of two Lawn-Tennis Courts in the quadrangle adjoining the College. The Committee is now endeavouring to bring about the union of all the Athletic Societies of the College, and to find means for providing a ground within easy access of the College for the recreation and sports of the students. A representative Committee, comprising Professors and Students in each of the Faculties, Fellows, and Old Students of the College, was next elected for the ensuing Session; and, after the business of the evening, a social gathering, at which some 600 persons were present, took place. An interesting collection of pictures, painted by students of the Slade School, was on view; amongst which we may notice one or two oil-paintings exhibited at the Royal Academy, and a series of etchings by W. Strang. The proceedings terminated by a concert given in the Botanical Theatre.

Medical News.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—Double Qualification.—During the recent sittings of the Examiners, the following candidates passed their First Professional Examination:—Francis H. Douglas, Donaghadee; Richard Drinkwater, Llangollen; Joseph J. Moynihan, Cork; and David H. Tweedie, Newry.

The following passed their Final Examination, and were admitted L.R.C.P. Edin. and L.R.C.S. Edin.:—John G. Brown,

Cork; Alfred Valentine Browne, Belfast; Thaddeus C. Avelton, Calcutta; John Cromie, co. Down; John Hepburn Dudgeon, London; Robert M. Forde, Cloyne; Edward J. Hawkes, Brighton; Richard Kelly, co. Longford; Joseph C. Hasler, Blackburn; Thomas Patterson, co. Donegal; Richard P. Rankin, Australia; Ed. J. Nuttall, Rochdale; John J. Mason, Bollington; C. Oliver Stanwell, Rochdale; Joseph S. Smith, Sierra Leone; Douglas L. Thomson, Hampshire; William Valentine, Lancashire; Herbert H. Wilde, Weston-super-Mare; and John T. Woodside, Belfast.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—During the recent sittings of the Examiners, the following candidates passed the Final Examination, and were admitted Licentiates of the College:—Charles E. Glascott, Constantinople; and Frank C. Osborne, Bognor.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.—The Examinations for the Triple Qualifications of these bodies in Edinburgh were held in October, with the following results:—*Passed First Examination*—Alexander Bronté, co. Down; John S. Bryars, co. Armagh; James W. Brooks, Bombay; William J. Bell, Bromwich; Edward Armitage, Cape of Good Hope; Alexander B. Cochrane, Dudley; Thomas J. Barr, Dublin; Francis W. Kane, Mallow; Patrick Callaghan, co. Donegal; Percy W. Griffiths, Merthyr Tydvil; Daniel Horan, Kerry; William M. Gabriel, Kendal; Francis S. Fairbringe, South Africa; John Dunne, co. Cork; Thomas Kennedy, co. Kerry; John T. Kennedy, co. Kerry; Lawrence Kay, Renfrew; John S. Ledgerwood, co. Down; James R. Lownds, Walker-on-Tyne; Hardinge C. C. McNeill, Folkestone; John W. Parry, Pwllheli; Frank H. Noott, Dudley; T. Campbell Patterson, co. Donegal; Thomas J. Prendiville, co. Kerry; W. Burslem Rotherae, co. Cork; C. Disney Roe, co. Mayo; Adam W. Fairman, Bigger; William Smith, Jamaica; Charles E. Salmon, Edinburgh; Andrew Wilson, Glenarm; Robert Steele, Stewarston; W. Kerr Walker, Pollockshaws; and Edgar Wakelam, Willenhall.—*Passed Second Examination*—Francis L. Keisler, Mauritius; Edgar Wakelam, Willenhall; William E. Bennett, Otley; William Foreman, Wigan; Samuel B. Fenn, Yatton; Blennan B. Grayfoot, Barbados; John Lyon, Glasgow; Michael J. Petty, Buenos Ayres; Ed. Armitage, Cape of Good Hope; Arthur J. Rollinson, Kirton-in-Lindsey; Alfred H. Whittell, Plymouth; James C. Figg, Boness; Thomas C. Jones, Liverpool; Henry Brexton, Liverpool; John S. Bryars, co. Armagh; Thomas A. Davidson, co. Down; Walter D. Eddowes, Stamford; James Howie, Dundee; H. Owen Hughes, Merionethshire; Charles Hicks, Bedford; Thomas J. Henry, Sydney; James S. McPherson, Sutherland; Patrick W. O'Gorman, Delhi; Arthur W. Marwood, Melbourne; John C. Reid, Edinburgh; J. Conrad Scotchburn, Driffield; John C. Steedman, Stirling; and Richard C. Richards, Wales.—*Passed Third Examination*, and admitted L.R.C.P.Ed., L.R.C.S.Ed., and L.F.P. and S.Glas.—William Macanah, N. S. Wales; Samuel L. Anthony, Ceylon; William Beecham, Wigan; Salvatore De Canda, Waterford; Thomas S. Davies, Monmouth; John B. Drieberg, Ceylon; Blennan B. Grayfoot, Barbados; James C. Figg, Boness; William Foreman, Wigan; Hermann G. Hilbers, Brighton; François L. Keisler, Mauritius; Michael C. Hannan, Limerick; William H. Klock, Quebec; Morris G. Davies, Carnarvon; Hazlett H. Marshall, N. S. Wales; James McGregor, Tralee; James Mackey, Londonderry; Frank O. Pereira, Bangalore; Michael J. Petty, Buenos Ayres; Thomas K. Robinson, Melbourne; William J. H. Macgilvray, Glasgow; Robert D. Shiels, Dunbar; Percy B. T. Stubbs, South Africa; John Sutherland, Glasgow; John R. Talbot, Ballina; and George T. Woods, Birmingham.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Admitted Members, October 29th, 1885:—R. Boxall, M.D.Brussels, 60, Gower Street, W.C.; M. O. Collins, M.D.Queens University, Nottingham; A. E. Garrod, M.B.Oxford, 10, Harley Street, W.; S. H. Habershon, M.B.Cambridge, 70, Brook Street, W.; J. N. Mitra, India; L. E. Shaw, M.D.London; 3, Newton Grove, W.; J. H. Vinrace, M.B.London, Birmingham; D. Williams, M.D.London, 4, Oxford and Cambridge Mansions, N.W. Admitted Licentiates:—A. L. Achard, 33, Bonham Road, S.W.; C. K. Ackland, Bideford; G. F. Aldous, 2, Cromwell Villas, Barnes, S.W.; H. Bascom, Bloomfield, Lee, S.E.; L. Bathurst, Arlington House, Herne Hill Road; F. Bindloss, Potters Bar; J. A.

Blair, 51A, Trinity Square, S.E.; J. A. Bratton, 6, St. Alban's road, W.; L. Brown, 28, Chorley Old Road, Bolton, Lancashire; A. W. Burrell, 30, Granville Square, W.C.; F. W. Burton, Weybridge; J. A. Cronin, 11, Powis Square, W.; J. R. Cory, 13, Clarendon Road, Kensington, W.; A. H. Davis, St. Bartholomew's Hospital, E.C.; R. S. O. Duffield, 8, Upper Phillimore Place, W.; F. W. Emery, 198, Stratford Road, Birmingham; C. Ewart, St. George's Hospital, S.W.; M. N. Gandevia, 9, Crondall Street, N.; H. W. Gardner, 2, Cromwell Villas, Barnes, S.W.; C. Gayford, 11, Keppel Street, W.C.; E. O. Gilkes, 10, Carisbrooke Road, Walthamstow; A. E. Godfrey, Northampton; R. P. Griffin, 37, Southwick Street, W.; P. O. W. Hailey, Guy's Hospital, S.E.; R. Hodgson, 19, High Street, Lewisham, S.E.; J. D. Hughes, 47, Cheriton Road, Folkestone; S. Huributt, 12, Chippenham Road, W.; F. J. Knowles, St. Helena, Lancashire; M. Koettlitz, 23, Gerrard Street, W.; J. P. Martin, County Asylum, Devizes; W. F. Moore, M.B.Durham, Egremont, Birkenhead; F. E. Nichol, St. Thomas's Hospital, S.E.; A. W. Ogle, 77, Welbeck Street, W.; F. A. T. O'Meara, West Dulwich, S.E.; R. J. Owen, 1, Clifford's Inn, E.C.; E. W. Phillips, Children's Hospital, Hackney, E.; G. R. M. Pollard, 1, Cheltenham Road, S.W.; W. E. St. M. Raw, 10, Clissold Road, N.; H. A. Reed, 9, Malford Road, S.E.; L. P. Shadbolt, St. Bartholomew's Hospital, E.C.; J. T. Smith, 28, Chorlton Road, Manchester; J. A. Southern, 57, Darnley Road, E.; B. Sumner, Bootle, Lancashire; C. H. Taylor, Newport Pagnell; D. Thomas, 68, Arlington Street, N.; G. H. W. Thomas, 79, New North Road, N.; C. H. Wade, Beaudere House, Upper Norwood, S.E.; R. N. A. Wallinger, 30, Albany Villas, Brighton; W. G. Weaver, Westminster Hospital, S.W.; A. W. Webb, 11, Pyrland Road, N.; P. C. E. d'E. Wheeler, 93, Camberwell Grove, S.E.; D. J. G. Wishart, M.D.McGill, 45, Torrington Square, W.C.; R. W. Wright, 148, Holland Road, W.; E. H. Young, 7, Lovaine Place, Newcastle-on-Tyne.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on Thursday, October 29th, 1885:—H. E. H. Smith, M.R.C.S., 82, Wimpole Street, W. On the same day, the following gentlemen passed their Examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise:—E. O. Fountain, Hillingdon, near Uxbridge; S. Oliver, The Trullis, Bickley, Kent.

VACANCIES.—Alnwick Infirmary—Surgeon. Salary, £120 per annum. Applications by November 17th.—Hospital for Diseases of the Throat, Golden Square, W.—Resident Medical Officer. Salary, £100 per annum. Applications by November 17th.—Norfolk and Norwich Hospital—Secretary and House Steward. Salary, £100 per annum. Applications by November 14th.

APPOINTMENTS.—G. F. Aldous, M.R.C.S., L.R.C.P. Lond., Resident Medical Officer at the County Asylum, Colney Hatch. W. Bassett, L.R.C.P.Lond., M.R.C.S., House-Surgeon to the Newport (Mon.) Infirmary and Dispensary. T. B. Bradshaw, B.A., M.D.Univ.Dub., M.R.C.S.Eng., House-Physician to the Liverpool Northern Hospital. W. T. F. Churohouse, L.R.C.P.Ed., L.F.P.S., L.S.A., Medical Officer of Health for the Rural District of the Daventry Union. F. Eastes, M.D., M.R.C.S., Honorary Medical Officer to the Folkestone Hospital and Dispensary. J. Gerard, M.A., M.B., C.M., Pathologist and Chloroformist to the Children's Hospital, Paddington. A. Harper, M.B.Durh., M.R.C.S.Eng., House-Physician to the West London Hospital. F. Hewkley, M.R.C.S. Eng., L.S.A.Lond., Resident Medical Officer to the St. Pancras and Northern Dispensary. J. Carlyle Johnstone, M.B. Glasgow, Senior Assistant Physician, Royal Edinburgh Asylum, Interim Medical Superintendent of the Roxburgh, Berwick, and Selkirk District Asylum at Melrose. F. Helen Frideaux, M.B., B.S., L.K.Q.C.P.I., House-Surgeon to the Children's Hospital, Paddington. J. H. Scott, M.B., Surgeon to the Adelaide Hospital, Dublin. C. H. Taylor, M.R.C.S., L.R.C.P., L.S.A., House-Surgeon to the West London Hospital, vice Alexander Harper, M.D.Durh., M.R.C.S.Eng., promoted. J. C. Thorowgood, M.D., F.R.C.P., Consulting Physician to the West London Hospital, Hammersmith. A. Westlake, M.O. and C.M.Edin.Univ., House-Surgeon to the Grimsby and District Hospital. A. H. Young, F.R.C.S., Professor of Anatomy at the Owens College, Dean of the

Medical School. John Brown, L.R.C.P.Lond., &c., has been re-appointed Medical Officer of Health to the Baccup Urban Sanitary Authority for one year.

Examination Questions.

THE ROYAL UNIVERSITY OF IRELAND.

MEDICAL EXAMINATIONS.—AUTUMN, 1885.

PASS EXAMINATION. M.B. DEGREE EXAMINATION.

Anatomy.—1. Describe the steps of a dissection which will expose the external plantar artery. 2. Describe the adult condition of the veins of the urinary and genital organs in both sexes, and state what differences occur in them at different periods of fetal and adult life. 3. Describe the ossicles of the ear. 4. Trace the course of the fourth cranial nerve. 5. Give a complete description of the arytenoid cartilage, its movements, and the ligaments in connexion with it. 6. What are the connexions, relative anatomy, and actions of the geniohyoglossus muscle.

Physiology.—1. Mention the chemical constitution and describe the microscopical characters of animal protoplasm. Describe the various phenomena which living protoplasm exhibits in virtue of its power of contractility. 2. Give a full account of the effect of electrical and mechanical stimulation of the vagus nerves on the action of the heart. How is this modified by such poisons as atropin, urari, muscarin, or pilocarpin? 3. Describe the mucous membrane of the tongue. What are the special nerves of taste and how are they distributed? Describe the results which follow intracranial section of the fifth nerve. 5. Give a concise account of the development of the ovum up till the formation of the layers of the blastoderm. 6. What is the difference between speech and voice as to the mode of their production? State the conditions on which the compass, or range, the *timbre*, or quality, and the strength of the voice, respectively depend. Distinguish between chest and falsetto notes, and mention the hypotheses which have been proposed to account for the latter.

Medicine, including Pathology.—1. Mention (a) the usual mode of origin of a pulmonary embolus, and (b) describe the appearances which may be seen when an embolus obstructs a middle-sized branch of the pulmonary artery. 2. Enumerate the more important of the dropsical accumulations met with in the cavities connected with the brain and spinal cord. Describe "spina bifida." 3. Give the symptoms which—in diseases of the spinal cord—indicate (a) destruction of the ganglionic cells in the anterior horns of gray matter; (b) sclerosis of pyramidal tracts of white matter. 4. Supply the chief symptoms and physical signs which result from an aneurism of the transverse portion of the arch of the thoracic aorta.

Surgery.—Enumerate the symptoms which would enable you to diagnose each of the following conditions induced by injury to the spine:—(a) Progressive hæmorrhage within the spinal canal; (b) spinal meningitis; (c) myelitis. 2. Mention the dangers which are associated with the employment of an anæsthetic (general), and describe all the details of treatment which might be required for counteracting alarming symptoms. 3. You are consulted by a patient who has received a penetrating wound of the cornea, accompanied by laceration of the anterior capsule of the lens. State your prognosis, and give the treatment likely to be required immediately and at a late period after the accident. 4. Write a short paper on bed-sores. 5. Describe a case of acute tonsillitis. 6. What is meant by surgical kidney?

Midwifery, &c.—1. You are called to a woman in labour whose life is in imminent danger from hæmorrhage. You make an examination and find the os uteri fairly dilated, as yet the membranes have not been ruptured, there is a partial placental attachment. State what immediate step you would take and how you would conduct the case. 2. You are called to a case of prolonged labour in a primipara; you find the os uteri dilated to the size of a shilling but thick and rigid; the liquor amnii has been escaping for several hours, the pains have ceased, and the woman is exhausted. State how you would conduct such a case. 3. A patient in the third month of pregnancy is attacked with obstinate vomiting. What are the remedies you would administer to check it; are there any local measures you would adopt. Under what circumstances

would you induce premature labour, and what plan would you advise to bring it on. 4. What physiological conditions are induced in the brain, spinal cord, and uterus, during the administration of chloroform in labour. Explain the obstetric clearance for the anæsthetic. 5. State the objections to the use of the forceps in the first stage of labour in a primipara. In what cases might you waive those objections. 6. What is the explanation of the increased pytalism which sometimes occurs in early pregnancy? Is it of frequent or of rare occurrence? How would you distinguish between it and mercurial pytalism? 7. What are the views of Nægèl as regards rotation in pelvic presentations? 8. You are called to see a woman who states that she is four months married; she gives the usual history of pregnancy, her feet and legs may be cedematous or not. The abdomen is of the size of pregnancy at the ninth month; you cannot hear the fetal heart. What would you suspect? Can you be certain of your diagnosis? *Second Paper.*—1. A patient comes to you with a hard tumour in the mammary gland; she has noticed it for some months. How will you proceed to examine the breast, and what are the clinical facts which will determine your diagnosis? 2. What are the diseased states outside the uterus and its appendages which may be confounded with ovarian cystoma? Mention in each instance a few prominent signs, or symptoms which will help you to distinguish the morbid condition mentioned, from ovarian tumour. 3. What are your views on the pathology of chorea? With what affection occurring in childhood has it been associated? What would be your treatment in the case of a young girl about the period of puberty? 4. Describe the appearance of what has been termed the cauliflower excrescence of the os uteri. What are its histological characters? What are the symptoms of this disease; what is the treatment? What are the dangers (if any) in the operation of incision of the cervical canal. 6. What nervous lesion occasionally follows in the diphtheria of children.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

EXAMINATION FOR THE LICENCE (FIRST PART) OCTOBER, 1885.

Materia Medica, Medical Botany, and Pharmacy.—All candidates are required to answer at least four of the following questions:—1. What kinds of sulphur are used in medicine, and how are they prepared? What are their common impurities, and how may they be detected? What are the official preparations of sulphur? 2. State the sources, botanical and geographical, of elaterium, aquill, conium, and senega. What parts of these plants are official, and what active principles do they contain? 3. Describe the mode of preparation, chemical composition, physical and chemical characters, and general effects on the system of calomel, tartarated antimony, and iodide of potassium. 4. Give an account of aconite, including its sources botanical and geographical, the parts used in medicine, its official preparations, and its effects on the system. 5. Give an account of chloroform, including its mode of preparation, physical and chemical properties, and general effects on the system. 6. Describe briefly the mode of preparation of nitric, benzoic, and citric acids. Enumerate and classify the official acids.

Chemistry and Chemical Physics.—No candidate must attempt more than six questions. Candidates under the New Regulations are required to answer at least two questions from Part I.—*Physics.*—1. Explain the following phenomena:—(1.) A flask of water, corked during rapid ebullition, is allowed to stand for a few seconds and plunged into cold water. It boils again, but from the upper surface only. (2.) Figures are painted in lamp-black on the face of a silver mirror, and the mirror is placed in front of a fire. The figures alone get hot. (3.) The temperature at the bottom of a deep fresh-water lake seldom falls below 4°C., even when the surface is frozen. 2. How is an electrophorus charged, and how can a Leyden jar be charged from it? How may a second Leyden jar be charged from the first? 3. Describe precisely how a beam of solar light is decomposed by a prism. What would be the effect of substituting the light from burning sodium for the solar light? *Chemistry.*—How is quicklime prepared from limestone? What is the name, what the percentage composition, and what are the properties of the gas evolved? Give another mode of making the gas, and equations for both processes ($\text{Ca} = 40$; $\text{C} = 12$; $\text{O} = 16$). 5. Show by calculation what weight of ammonia gas, and what weight of nitrogen,

may be obtained from one hundred grammes of sal ammoniac ($N = 14$; $Cl = 35.5$). 6. Describe how, by the action of nitric acid on mercury, two classes of salts can be obtained. How do caustic potash and sodium chloride respectively act on solutions of these salts? 7. Given the metal zinc, how can the sulphate, the nitrate, the chloride, the carbonate, and the oxide be obtained? In each case give equations. 8. How would you prove that prussic acid can be obtained from laurel leaves? You are required to determine the amount of prussic acid in a given solution. How would you do it? 9. State the composition and chief properties of oxalic acid. How can it be made from cane-sugar or starch? What are the tests by means of which it can be recognised?

EXAMINATION FOR THE LICENCE (THIRD PART OR FINAL),
OCTOBER, 1885.

Principles and Practice of Surgery.—1. Describe the symptoms and treatment of a fissure of the anus. 2. Mention the varieties of dislocation at the shoulder joint. For what other injuries are any of them liable to be mistaken? State fully the signs and differential diagnosis of each, and describe how you would proceed to effect reduction of the dislocation in a recent as well as in an old case. 3. Give the varieties of reducible inguinal hernia. How do they differ anatomically, and by what signs would you be able to diagnose each? 4. Describe the symptoms which may be caused by a calculus impacted in the male urethra, and the treatment you would adopt in such a case. 5. Enumerate the chief varieties of diplopia. How do you diagnose the muscle or muscles affected? 6. Describe fully the affection styled pyo-nephrosis. Give the causes, symptoms, diagnosis, and treatment.

Notices of Books.

OBSTETRIC HINTS.*

With a preface of model brevity, the author introduces us to his exceedingly well got up little book—good paper—good print—paragraphs boldly set out, with the additional advantage of a very well executed lithographic illustration of the female pelvis. Dr. Coffin's "Obstetric Hints" are calculated for a long and useful life: and, therefore, we would point out a few errors, and suggest their correction in future editions. Anatomical technical terms are rather too abundant, and some are questionably accurate. Thus, at p. 9, "Perinæum" is classed as one of the external organs of generation; and for such terms as acetabulum, lambdoidal, and sacro-iliac-synchondrosis—not to mention a few others—a short glossary might be useful—indeed, necessary—to those for whom the work is written.

RALFE ON THE KIDNEYS.†

This work is one of the series of Practical Manuals now being published by Mr. Lewis, and we have no hesitation in saying that it is, so far, the most important and valuable volume in the collection. Dr. Rafle has long been recognised as an authority on diseases associated with unhealthy urine, and one of the most interesting and useful books ever published in this connection is his little treatise on "Morbid Urines." This latter work is now incorporated in the more pretentious "Practical Treatise" before us, and which, regarded in the light of a guide to the diseases of the kidneys, is of a very high order of merit. The first two chapters deal respectively with the general symptomatology of kidney disease, and the clinical examination of urine; next, inflammations and infiltrations are discussed, and in chapter six new growths in the kidneys are described. Chapters seven and eight deal with parasites and abnormalities; chapter nine with variations in the amount of urine; ten, with stone and gravel; and eleven, with functional albuminuria, &c. In an appendix,

* *Obstetric Hints for the Use of Midwives Preparatory to their Examination.* By R. J. Maitland Coffin, F.R.C.P.Ed., Physician-Accoucheur to, and Teacher in Obstetrics at, St. John's House and Sisterhood Maternity and Training School for Midwives; Fellow of the Obstetrical Society of London, and British Gynecological Society. London: Baillière, Tindall & Cox. 1885.

† *A Practical Treatise on the Diseases of the Kidneys, and Urinary Derangements.* by O. H. Rafle, M.A., M.D. Cantab., &c. London: H. K. Lewis.

full instructions for the quantitative analysis of the various constituents of urine are given. The discussion of stone and gravel in chapter ten is probably the best general introduction to the subject to be found in any English text book; and the chapter on new growths, though short, is an excellent *resumé* of the subject. As a whole, the work is admirably adapted to serve as a high-class manual of instruction; and whether for students reading for the higher degree examinations, or for practitioners seeking aids to diagnosis and treatment, it will be found of inestimable service.

NOTICES TO CORRESPONDENTS.

ERRATA.—In the article on "Bokol," in last week's *GAZETTE*, page 365 line 23, 'from bottom of page, for "free carbohic" acid" read "free carbonic acid." In the article on "Memory," by Mr. Edridge-Green, page 360 line 29, from top of second column, for "lactile" read "tactile," and line 33, for "Swage's" read "Savage's;" and on page 361 the paragraph commencing, "Then, by repetition, each [stimulus reviving former impressions," &c., line 42, from top of first column, should read, "Then, by repetition, some of the stimuli (in the way to be hereafter shown) reviving former impressions," &c. These, and one or two typographical errors, occurred in consequence of the author's "proof" coming to hand after we had gone to press.

PLUCKER's letter is under consideration.

MS. H. BUXTON.—We have been unable to publish the list before, through pressure on our columns.

MR. MARTIN.—Thanks for kind information.

CORRIGENDUM.—You are right. It was a printer's error.

MR. RIVERS WILLSON is thanked for his communication.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. A. C. Maybury, London; Dr. C. E. Armand Semple, London; Mr. H. Buxton, Liverpool; Dr. Creswell Hewitt, London; Mr. Davis, Newcastle-on-Tyne; Mr. H. Forsyth, Bradford; Dr. J. Milner Fothergill, London; Mr. Davis, London; Mr. C. L. Martin, Edinburgh; Mr. F. Louis Dods, Oroydon; Mr. Rivers Willson, Oxford; Mr. H. Watts, London Hospital; Mr. Peter Campbell, Anderson's College, Glasgow; Mr. F. W. Edridge-Green, St. Bartholomew's Hospital; Mr. W. Fingland, Liverpool; Mr. Ernest J. Gamgee, Birmingham; Dr. J. Brown, Bacup, &c., &c.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—20 words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 2d. extra to cover postage, &c., for each insertion, and the Publishers will forward the letters in reply. Three insertions for the price of two.

AUSTIN FLINT's Text Book of Physiology (Lewis, 1876). Three plates and 313 woodcuts, pp. 978, 7s. 6d.; Watson's Practice of Physio. Two vols., fourth edition, 7s. 6d. Headland on the Action of Medicines, 3rd edition, 2s. 6d. Tonn and Bowman's Anatomy and Physiology. Two vols., second edition, calf, 6s. Ellis's Dissections, second edition, 3s. 6d.; Kirkes' Physiology, seventh edition, 4s. 6d.; or lot, 10s. 6d. post free. c13
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PAGER's Lectures on Surgical Pathology, third edition, good condition, 10s.; Beale's Use of the Microscope in Clinical Medicine, first edition, 2s. 6d.; Tilbury Fox on Skin Diseases, third edition, 6s.; Tyrrell on Diseases of the Eye, 2 vols. 7s. ci7

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GOLDING BIRD on Urinary Deposits. Third Edition. 2s. 6d.; First Edition of Lionel Beale's Use of the Microscope in Clinical Medicine, 2s. 6d. d23

KRETLEY's Index, 2nd edition, 6s.; Farquharson's Therapeutics, last edition, 4s.; Semple's Diseases of Children, 3s.; Griffiths on Microscope, 3s.; Student's Pocket Prescriber, 4d.; all free. d22

WANTED, Gray's Anatomy, cheap. State condition and date. W. E. Thomson, 12, Sutherland Terrace, Glasgow.

Answers to numbered Advertisements to be addressed, under cover, care of Baillière, Tindall, and Cox, 20, King William Street, Strand, W.C.

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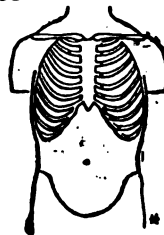
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Notes by the Way.

THESE are exciting times, too much so for me to collect my scattered wits for writing "Notes by the Way." Everyone I meet has something to say about the election, and wants to know how I am going to vote. They might as well ask a blind man how he is going to see without eyes. The franchise has been extended, but not sufficiently to give me a vote. "Hodge" has been carefully looked after, but men of education have been quite neglected.

As the polling day draws near, the excitement increases, especially among the candidates, of whom several are medical men. Mr. Ernest Hart, editor of the *British Medical Journal*, would have had a safe seat at Mile End, but unfortunately for him the Liberal vote is split through Mr. Ayrton, another Liberal, persisting in going to the poll, although it said he has not the ghost of a chance. Mr. Hart would make a most useful member, should he be so lucky as to secure a majority of votes, if he were not such an ultra-radical. His extreme views have alienated the sympathies of the most influential of the medical men in the district, or he would have stood a much better chance of being elected. If Mr. Ayrton persists in going to the poll, the Conservative candidate will most probably win the seat. In West Islington, Dr. Thomas is said to stand an excellent chance, notwithstanding that he comes before the electors as a Conservative, and that the constituency is a very Radical one. At first, it was thought the Doctor would not have the ghost of a chance, but latterly the opinion gains ground that he will win in a canter. Nearly all the doctors in Islington are working hard for him, and they will get him lots of Radical votes. He is also receiving the undivided support of the Church party, Liberal, and Tory, as they know the Radical candidate is no friend to the Church. Dr. Thomas will make a first-rate M.P., and I hope next week to be able to congratulate him on attaining Parliamentary honours.

For the Edinburgh and Aberdeen University, the chances of success for Mr. Erichsen are not very bright, as there is a strong Conservative element at all times among the graduates, and this is much strengthened by the addition of a large number of Liberal churchmen, who are supporting the Conservative candidate for this election, on account of the Liberals having declared their determination to disestablish the Scotch Church party at the first opportunity.

At Chester, Dr. Balthazar Foster, who has, been put forward by the Birmingham Caucus, and is supported by all the Radical clubs which abound in that constituency, is believed to have a safe seat. A better representative of the Caucus system could not be found. He has introduced the system into the working of the *British Medical Association* with such success, that the entire management of the organization is in the hands of himself, that dear old fossil autocrat, Dr. Waters, of Chester, and two or three of their bosom friends. It is quite a sight to see Dr. Foster on the platform. He is got

up in the most elaborate style, evidently with an idea of "fetching" the ladies, who, if they have not votes, have great influence with their husbands and lovers. His smile is a treat. From the moment the proceedings commence, till the vote of thanks to the chairman is carried, except when he is on his legs, trying to get out the political ideas which Chamberlain packed into his noddle, before he started from Birmingham on his "political campaign," as he loves to call it, a sweet, self-satisfied smile plays over his artistically shaven face, which is very fetching. As one of the free and independents remarked one evening, "He thinks no small beer of himself, Jim." Jim's friend was quite right. Dr. Foster does not reckon himself among the "small beer" tribe; and I shall expect him to tell the electors of the Dee, when he proposes the vote of thanks to the returning officer, as he is cock-sure that he will do, that they are to be congratulated on having the honour to be represented in the House of Commons by such a superior person.

THE case of Dr. Collie, of the London Eastern Hospitals, is a cruelly hard one, and I am glad to see that the Medical Defence Association has taken the matter up, and memorialised the Local Government Board in his favour. No doubt, the memorial will have great weight with the Board, as the President of the Association, Dr. Richardson, is held in high esteem by the officials at the Board, from the commanding position he has taken in sanitary matters, and questions affecting public health. I met Dr. Collie a few days ago, and he seemed thoroughly crushed at the treatment he has received. To begin life again at his age is no light task; and I sincerely hope the Local Government Board will reinstate him in the office which he filled so efficiently for many years.

HADDOCK and fried onions for breakfast, two large plates of roast rabbit and pork, followed by a little apple pie, for dinner, bread and butter, celery, and some more pie for tea, with a quantity of sweets and apples between meals, was the day's fare, on the 9th instant, of Henry William Brown (*et. 6*), who lately departed this life at Birmingham. The evidence given at the inquest disclosed the above facts, and a medical man gave an opinion that death resulted from suppressed fever, brought on by an overloaded stomach. The mother said the boy was always a hearty eater, and she did not like to check him. The boy's parents lived in a back house up a court, and this case certainly lets a flash of light on the mode of life of their class. If that was judged a day's food for the child of six, one would like to hear what the adult members of the family eat.

A CORRESPONDENT wishes me to comment on the meeting of Stead's sympathisers at Exeter Hall, on Tuesday last, to protest against the sentence pronounced against him, and to demand his immediate release; but he has expressed the feelings of most thoughtful people so forcibly, that I cannot do better than reproduce his letter. He says: "Without commenting on the bad taste of again dragging before the public the nauseating details of the Armstrong case, I would ask on what grounds the main promoters of this movement arrogate to themselves

the right to take up the position they assume? Who are these men who presume thus to override the law, to reverse the decision of a Court of Justice (arrived at after a long and patient investigation), and to affect to ignore the lucid statement of the Judge, who pointed out in a manner that can only be willfully misunderstood, that the law can take no cognisance of motives, that the point at issue was—had Mr. Stead broken the law or not? The plea that the end justifies the means might be made to cover any enormity. I hold that the proceedings of the Exeter Hall agitators are perfectly intolerable, as tending to defeat the ends of justice, and to paralyse the arm of the executive. I deeply grieve to see ladies, bearing honoured names, taking part in this ill-advised and unseemly demonstration." It is a pity that the general press does not more strongly condemn the public discussion of this nauseous question. The suppression of criminal vices of the kind exposed by the *Pull Mall Gazette* is most desirable, but it should be done in a more unostentatious manner.

I UNDERSTAND that Dr. Heywood Smith's conduct in the Armstrong case will come before the Council of certain of the Medical Corporations and Societies shortly. Last week the Council of the Gynæcological Society, with which Dr. Smith was connected, passed the following resolutions:—"1. That the Council deeply regret that they feel it incumbent on them to accept the resignation of Dr. Heywood Smith of the office of Secretary of the British Gynæcological Society." "2. The Council desire to express their thanks for the distinguished services he has rendered to this Society, and their belief that in what he did in reference to the Armstrong case he was actuated by what he believed to be the highest motives, while committing a grave professional error." As further professional action will be necessary, it will be as well for me not to notice Dr. Smith's letter, which he doubtless considered was such a crushing reply to my remarks on his evidence at the Old Bailey.

A REAL live lady student has made her appearance in the Dublin anatomical school, and is an object of great interest to the male students. The remarkably punctual attendance of the members of the class, and the evident desire of some of the more persevering of the youths to attract her gracious notice by sundry little attentive kindnesses, shows that her presence is appreciated rather than otherwise. The *Medical Press* thus refers to her first appearance in the lecture theatre: "Last week the first lady-student who has entered the School of the Irish College of Surgeons took her place amongst her male *confrères* quietly, and as one of themselves. The occasion was Mr. Thornley Stoker's anatomical lecture, and we are glad to say that the class made it obvious that they were gentlemen by their reception of the lady. They were, as may be supposed, hilarious upon her entry, but not one of them since her studies commenced has said a word which could be felt to be annoying or rude." I hope to hear from some of my student friends from time to time how the young lady is getting on, and will duly report in these NOTES.

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(Continued from page 371.)

XL.—AMMONIA (VOLATILE ALKALI; ALKALINE AIR)

NH₃—continued.

247. *Quantitative Estimation of Ammonia.*—(a) *Nessler's test.* Traces of ammonia may be detected, and the quantity estimated by Nessler's solution,* a yellow tint being produced, which varies in intensity according to the amount of ammonia present. The quantity may be inferred by adding, to the same volume of distilled water and Nessler's solution, ammonia until the two tints correspond. The amount of added ammonia being known, we get the amount in the solution under examination.

(b.) *Volumetric Test.*—The strength of ammonia in solution may be determined by dropping into a solution of the gas, from a graduated tube, a standard solution of sulphuric acid till a neutral solution is produced, as shown by its having no action on litmus paper. From the amount of sulphuric acid added, the quantity of ammonia dissolved may be deduced. The reaction being represented by the equation



the calculation is easily made.

(c.) *Hydrochloric acid Process.*—If hydrochloric acid is added in excess to the solution, on evaporation sal ammoniac is left:

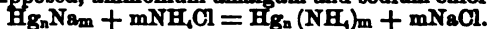


From the amount of ammonium chloride, that of ammonia, originally present, may be deduced.

(d.) *Platinum Process.*—A good process for determining the amount of the gas present in solution is to add an excess of hydrochloric acid and platinic chloride. The double chloride of ammonium and platinum comes down as a yellow precipitate (NH₄Cl)₂ PtCl₆. The excess of platinic chloride added may be removed by washing the precipitate with a mixture of alcohol and ether. From the weight of the dried precipitate, the amount of ammonia may be obtained†.

248. *Ammonium Theory.*—This theory, first suggested by Ampère, and explained by Berzelius, regards the compounds that result from the union of ammonia and acids as analogous to the salts of the alkali metals. According to this view, ammonia does not exist in these compounds, but ammonium, which corresponds to potassium and sodium in similar compounds. The ammonium theory is supported by the following facts:

(a.) If an amalgam of potassium or sodium is moistened with a concentrated solution of ammonium chloride the mercury swells up and acquires sometimes as much as ten times its original volume, becomes pasty, and preserves a metallic lustre. In this reaction we get, it is supposed, ammonium amalgam and sodium chloride:



At 0°C it may be crystallized in cubes, but at all temperatures above this it is extremely ephemeral, especially if placed in contact with water‡. The substance is looked upon as made up of mercury (Hg) and ammonium (NH₄). Attempts to isolate this compound, by distil-

* Nessler's Solution is a mixture of mercuric chloride, potassium iodide, and potash. The colour formed with ammonia has the composition Hg₂NI. This test is adapted to the detection of small traces of ammonia. If the quantity of ammonia or ammoniacal salt is large, the other tests given are preferable.

† A potassium salt would give, by similar treatment, a corresponding precipitate of the same colour (KC₂Cl₆ PtCl₆).

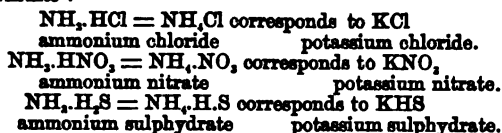
‡ This may be shown by filling a long test tube with a solution of red litmus and ether, the latter occupying the upper third. On dropping the amalgam to the bottom of the tube the liberated ammonia dissolves and blues the litmus, the hydrogen being insoluble escapes in bubbles through the ether, while mercury remains as a deposit in the tube.

ling off the mercury, have failed, the metal being sublimed together with a mixture of ammonia and hydrogen. This amalgam may also be made by passing an electric current through a mixture of sal ammoniac and mercury, when, if the negative pole of a battery is dipped into the mercury, the latter swells up considerably. It appears that no more than about $\frac{1}{1000}$ part by weight of ammonium, as compared with mercury, is absorbed.

(b.) In the electrolysis of ammonium salts a mixture of ammonia and hydrogen is evolved at the anode-pole, probably from the decomposition of ammonium.

(c.) The salts of potassium, sodium, and ammonium are isomorphous, thus implying similarity of constitution.

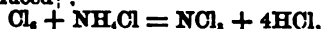
Hence, there seems good reason for believing that ammoniacal salts are the analogues of those of the alkalis, the compound radicle ammonium taking the place of a simple radicle, a view explained by the following formulæ:—



249. *Ammonia Derivatives*.—It is possible to substitute for 1, 2, or 3* atoms of hydrogen in a molecule of ammonia, a halogen, metal, or compound radicle, whereby a large number of compounds are produced, most of which belong to the domain of organic chemistry. Those which here concern us are the following:—

XXI.—NITROGEN CHLORIDE NCl_3 .

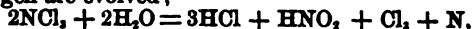
250. *Preparation*.—1. This compound is got by the action of excess of chlorine on ammonia (§234), or preferably on sal ammoniac, when nitrogen chloride and hydrochloric acid are produced†:



2. A piece of ammonium chloride, suspended in a solution of hypochlorous acid, also yields this body, hydrochloric acid and water:



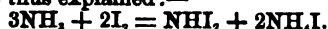
251. *Properties*.—Chloride of nitrogen is a thin, heavy, very volatile liquid of sp. gr. 1.65. It is violently explosive, a gentle heat, a little oil, and many organic substances bringing about its decomposition. Phosphorus, or oil of turpentine, brought in contact with it, causes instantaneous explosion sufficiently powerful to shatter any glass or earthenware vessel. By cold water this liquid decomposes spontaneously into hydrochloric and nitrous acids, which remain in solution while chlorine and nitrogen are evolved:



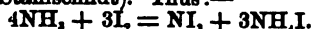
Alkalies cause its immediate explosion. Neither resins, sugar, the strong acids, nor metallic bodies generally, cause it to explode. There is some doubt as to the true composition of this body. According to some observers it contains hydrogen. Gladstone assigns it the formula $\text{NHCl}_2\text{NCl}_3$ —a view which derives support from the composition of iodide of nitrogen.

XXII.—IODIDE OF NITROGEN NHI_2 ?

252.—By digesting powdered iodine in strong solution of ammonia we get a brownish black powder. When dry it readily explodes, though not so violently as nitrogen chloride. Its composition is NHI_2 (Gladstone) and its formation is thus explained:—



On mixing alcoholic solutions of iodine and ammonia we get NI (Stahlschmidt). Thus:—



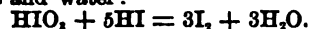
* If potassamine (§241) is strongly heated, we get ammonia and tripotassamine:



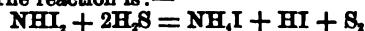
† In the preparation, a small jar of chlorine, is inverted in a saucer containing a solution of sal ammoniac. The chlorine is gradually absorbed, the liquid rises in the jar, and yellow drops collect on its surface which sink through the solution into the saucer, on tapping the jar.

According to Bunsen, by the above process, we get NH_4NI , while if an aqueous solution of chloride of nitrogen is precipitated by ammonia we get a black powder NH_4NI_2 . These compounds arise from the combination of iodide of nitrogen with ammonia.

When mixed with water the iodides of nitrogen slowly decompose, iodic and hydriodic acids being formed, and these two acids mutually decompose one another, producing iodine and water:—



Ammonia retards, but potash and mineral acids accelerate the decomposition. Chlorine bromine and strong nitric acid readily decompose it. Sulphuretted hydrogen slowly effects decomposition, and enables us to ascertain the relative quantities of nitrogen and iodine in the compound. The reaction is:—



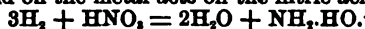
XLIII.—HYDROXYLAMINE (OXY-AMMONIA), NH_2HO .

Molecular weight = 32.

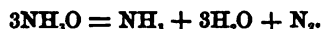
253. *Preparation*.—1. Hydroxylamine, discovered by Lossen in 1865, may be regarded as a derivative of water, in which amidogen (NH_2) replaces one atom of hydrogen, or as ammonia, in which hydroxyl (HO) replaces one of hydrogen. It is usually prepared by the syntheses of hydrogen and nitric oxide:—



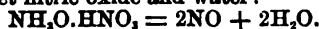
2. When nitric acid is treated with hydrochloric acid and tin, the hydrogen resulting from the action of hydrochloric acid on the metal acts on the nitric acid:



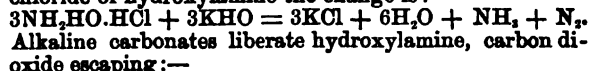
254. *Properties*.—Hydroxylamine is only known in solution, forming a colourless, odourless, strongly alkaline base. It is volatile in the vapour of water. It is very unstable, and when heated in air the distillate consists of hydroxylamine, ammonia, water, and nitrogen:—



It is a great reducing agent, and precipitates from solution the metals silver, gold, mercury, lead, iron, nickel, zinc, &c. In these reactions the hydroxylamine is decomposed, nitrogen, or its monoxide, being formed. It forms well defined, easily crystallizable salts, all of which are decomposed by heat with effervescence. With the nitrate we get nitric oxide and water:—



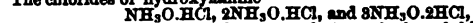
When potash is added to a concentrated solution of a salt of hydroxylamine, a potassium salt and water are formed, ammonia and nitrogen escaping. With the chloride of hydroxylamine the change is:—



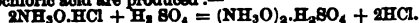
Alkaline carbonates liberate hydroxylamine, carbon dioxide escaping:—



* In practice nitric oxide is prepared, by heating its solution in ferrous sulphate, and passed through a series of flasks, in which hydrogen is being evolved by the action of hydrochloric acid on tin. If a little platinum chloride is placed in each flask, platinum is deposited on the tin, an electric current is produced, and hydrogen is evolved at ordinary temperatures. After the action has continued some time, tin is precipitated from the resulting liquid by sulphuretted hydrogen, and the insoluble sulphide is filtered off. The filtrate is then evaporated to dryness, and treated with cold alcohol, and then boiled with concentrated alcohol. The chlorides of hydroxylamine—



are dissolved out—the two latter are but sparingly soluble in alcohol—while sal ammoniac, formed in the reaction, is left behind. To the alcoholic solution platinum chloride is added in small quantity to remove traces of ammonium chloride, a precipitate of the double chloride of platinum and ammonium (§247, d) being formed. The liquid is again heated and evaporated to dryness, or other may be added to the solution, when chloride of hydroxylamine ($\text{NH}_2\text{O}.\text{HCl}$) crystallizes out. This compound is then treated with dilute sulphuric acid, when sulphate of hydroxylamine and hydrochloric acid are produced:—



Baryta water is then added till the whole of the sulphuric acid is precipitated as the insoluble sulphate of barium, hydroxylamine remaining in solution.

† In this process some nitric acid is undecomposed, and forms with hydrochloric acid *aqua regia*, which decomposes the hydroxylamine,

255. *Test*.—Hydroxylamine gives, with solution of copper sulphate, a light-green precipitate, which is reduced to cuprous oxide (Cu_2O), appearing as a brick red deposit, on boiling. By this means one part of hydroxylamine may be detected in 100,000 parts of water.
(To be continued.)

THE ESSENTIALS OF TOXICOLOGY.

By ARMAND SEMPLE, B.A., M.B. Cantab, M.R.C.P.
London, Physician North Eastern Hospital for Children; Author of "Aids to Chemistry," &c.

VEGETABLE POISONS.

(Continued from page 335.)

PHYSOSTIGMA VENENOSUM, CALABAR BEAN,
Contains an alkaloid, physostigmina or eserina.

Symptoms—There are giddiness, followed by paralysis of the voluntary muscles, frequently convulsive muscular twitchings, and invariably contraction of the pupils preceded by myopia. The mind usually remains clear. In fatal cases the muscles of respiration become affected, and the patient dies of asphyxia.

Bouchardat states that one drop of the extract of physostigmina applied to the eye of an animal produces contraction of the pupil in from 10 to 15 minutes. This symptom is of great diagnostic value as distinguishing the poison from conina, atropina, daturina, or hyoscyamina. The Calabar bean acts as a direct spinal depressant, and thus its action is physiologically the exact reverse of that of strychnina.

Six of the beans have proved fatal to a boy aged six.

Treatment—The stomach pump and emetics must be used. Since atropina produces dilatation of the pupil, it has been suggested to inject $\frac{1}{30}$ grain of this alkaloid hypodermically, gradually increasing the dose until dilatation of the pupil is produced, but some of the most reliable authorities do not consider such treatment allowable.

Test—1. The physiological test is the most important. The merest trace dropped into the eye of a rabbit, produces contraction of the pupil in from 10 to 15 minutes.

2. If to physostigmina dissolved in water some caustic alkali is added, the solution on exposure to air turns to a green or blue colour.

VERATRINA. ASAGRÆA OFFICINALIS. SABADILLA.

The poisonous action of the sabadilla is due to the action of its contained alkaloid veratrina, of which $\frac{1}{16}$ grain has produced in the human subject dangerous symptoms, accompanied by collapse.

Treatment—Emetics, the stomach pump and powdered charcoal, tannin infusions and stimulants must be used; opium combined with purgatives may subsequently be employed.

Tests—1. Veratrina possesses no smell, but when applied to the nostrils induces violent and uncontrollable sneezing.

2. Sulphuric acid turns the alkaloid yellow. The mixture slowly becoming crimson, and afterwards violet. When added to other bodies the red colour is rapid in appearing.

3. Nitric acid changes it to a light red, becoming yellow.

COLCHICUM AUTUMNALE. THE MEADOW SAFFRON.

Symptoms—These may commence at once, and are rarely delayed beyond three hours. There are pain, purging and vomiting of matters, often mixed with blood; cramps, sometimes convulsions, thirst, intense irritation of the throat, great coldness and prostration, and dilated pupils. Not unusually the symptoms resemble very closely those of malignant cholera. Suppression of urine and delirium have been observed. Death has resulted in seven hours, but has been delayed for eight days. In most cases it takes place within 24 hours.

Recovery is on record after one ounce of the wine of colchicum and one ounce of the tincture respectively, and death has followed the taking of one ounce of the wine, a tablespoonful of the seeds, 48 grains of the dried bulb, and a handful of the flowers.

Post-Mortem Appearances—The stomach and intestines are almost always inflamed. Purple patches are often seen on the skin, and sometimes on the internal organs, the bladder is usually empty, the heart full of coagulated blood, and the liver, spleen, brain and spinal cord are generally congested.

The alkaloid colchicina is said to be identical with veratrina, but this is doubtful. It does not produce the violent sneezing characteristic of veratrina. It yields with nitric acid, a reddish violet colour, soon passing off.

SAVIN. JUNIPERUS SABINA.

Symptoms.—These do not come on immediately; there are usually vomiting, pain, and violent tenesmus, succeeded by coma.

If the patient is pregnant, abortion may or may not occur.

Death has resulted in 15 or 16 hours after swallowing the poison, and on the other hand it has been delayed for several days.

Post Mortem Appearances.—Usually congestion of the capillary and venous system, the blood being black and the heart full, especially on the right side. There is a specific action on the vessels of the lower bowel, inflammation and turgidity being induced. The true action of savin with regard to its supposed abortive power is due to its action on the lower bowel, the uterus participating in the general plethora of the intestinal system. Savin, however, very frequently fails to produce abortion, even when it produces violent symptoms of poisoning.

Mode of Extraction from the Stomach.—The contents of the stomach, if powdered savin has been taken, will probably appear of a green colour, and the microscope will show the coniferous structure of the herb. The organic matter should be distilled, when a turbid liquid will come over, tasting and smelling like oil of savin. To this, ether should be added, when it will instantly clear, and on evaporation the oil will remain behind.

By rubbing the herb in a mortar the odour may be developed. The watery solution strikes deep green with perchloride of iron.

CAMPHOR. CINNAMOMUM CAMPHORA.

Symptoms.—The usual effects of an overdose of camphor are giddiness, cramps, imperfect sight, numbness of the extremities, apparent intoxication, difficulty of breathing, thirst, and at times convulsions. Recovery is usually preceded by long deep sleep in which there is profuse sweating, the patient awakening intensely exhausted. The odour of camphor may be observed in the breath.

30 grains proved fatal in seven hours to a child one and a half years of age. Severe effects have followed small doses, although it is on record that doses of 90 grains, repeated four times daily, have not been followed by bad results.

Post Mortem Appearances.—There is usually injection of the membranes of the brain, the bowels and stomach are inflamed and the genito-urinary tract much congested.

Treatment.—Emetics should be given, followed by a full dose of castor oil.

Upon examination after death all the parts should be examined carefully for the camphor odour, and search should be made for undissolved portions of the poison. Strong alcohol should be added to the soluble contents which should be then filtered; upon the addition of water to the alcoholic solution, the camphor will be precipitated.

(To be continued.)

THE NEW EXAMINATION AT THE SOCIETY OF APOTHECARIES OF LONDON.

It is certainly a fact, that the recently adopted examination in Surgery, at the final examination of this ancient and justly esteemed corporation, is by no means a light test of a candidate's capabilities. We have ascertained that a candidate must obtain at least fifty marks per cent. in each subject.

A candidate who was up for this examination on the 11th and 12th instant, had the following questions:—

Surgery.—Three questions to be answered.

Pathology.—One question to be answered.

Surgical Anatomy.—One question to be answered.

The candidate to write a report of clinical case directly after the examination of patient.

1. **Surgical Anatomy.**—Describe accurately the inguinal canal, including external and internal abdominal rings.

2. **Pathology.**—Describe the pathological characters, naked eye and microscopic, of scirrhus and epithelioma.

3. Give the principal characters of the different forms of urinary calculi.

4. **Surgery.**—What are the symptoms of compression and concussion of the brain? How would you deal with each case respectively?

5. Give causes, diagnosis, and treatment of prolapsus ani in a child and in an adult.

6. Give the symptoms and diagnosis, and how you would deal with a case of acute glaucoma.

7. Give a detailed description of tracheotomy, mentioning the difficulties and dangers that may occur.

The candidate was then taken over Regional Anatomy on the living body, having to name tendons, bones, etc., and to mark out, in chalk, position of various blood vessels and viscera. He was then required to recognise various surgical instruments, and to examine two patients suffering from surgical diseases, and to write a paper on his diagnosis and treatment. He was also required to bandage.

The second evening, the candidate was examined at two tables, one in Surgery and the other in Surgical Pathology, at the pathology table being required to recognise various morbid specimens, and to draw on paper the microscopic structure of some of them.

THE EASTERN HOSPITAL AND DR. COLLIE.

MEMORIAL TO THE LOCAL GOVERNMENT BOARD, AND TO THE MANAGERS OF THE METROPOLITAN ASYLUM BOARD.

At a meeting of the Council of the Medical Defence Association, held on Saturday evening, Dr. Richardson, F.R.S., president, in the chair, the following memorial was drawn up, and ordered to be signed by the President and Secretary, for presentation to the Local Government Board and to the Asylums Board:—

"Sir,—We are directed by the Council of the Medical Defence Association to present to you the following memorial on the case of Dr. Collie, Medical Superintendent of the Eastern Hospitals in London.

"Your memorialists, who are constantly having under their consideration evidence relating to public medical duties and offices, have carefully studied all the points of evidence in the above case, and beg, with much respect, to submit the following conclusions:—

"1. That Dr. Collie appears to have been at fault in four directions—(a) in regard to the supervision of the diet-sheets of the Hospital; (b) in failure of keeping the records of cases; (c) in neglecting the records of destroyed clothing; (d) in supervision of expenditure relating to the above.

"2. That much of this error was due to the circumstance that, at the time of its committal, Dr. Collie was being subjected to a degree of physical and mental strain, which was unexampled, and sufficient to account for and excuse a large amount of the omissions with which he was charged. The facts that he personally attended over fifteen thousand cases of fever and small-pox during his residence at Homerton, and supervised the treatment of twenty thousand more; that he was engaged in the inspection of sites and buildings, which constantly took him away from the immediate sphere of his proper duties; that his daily work for a long time included the imposition of attendances at three hospitals, one of which was five miles away; and that he has had to organise, at briefest notice, other hospitals, are sufficient, as all medical men will keenly feel, to account for an almost inevitable neglect of duties purely clerical, in favour of distinct professional work and responsibility.

"3. That, in regard to the charges themselves, the Council are forced to the conclusion that, while many other persons are deeply at fault, Dr. Collie is the only person upon whom any punishment has been directly visited.

"4. That, in no instance, can any moral or professional charge be brought against Dr. Collie during the whole period of his tenure of office, nor up to the close of fourteen years' service, any charge whatever.

"5. That the previous labours of Dr. Collie have been of extreme value in various professional and public directions; that his medical duties, as the Local Government Board has stated, have been efficiently performed; and that he has successfully exerted and distinguished himself in ambulance organization for the conveyance of infectious cases to hospital-ships and hospitals.

"From all these considerations, we are of opinion that to throw Dr. Collie out of office, and practically make a wreck of his career, would be a hardship altogether out of proportion to faults which we would not for a moment extenuate, but which we feel were the necessary results of a bad system,

rather than errors pertaining to one particular and grievously over-taxed medical officer.

"We pray, therefore, with the greatest respect, that Dr. Collie's suspension may be removed.

"Signed, on behalf of the Council of the

"Medical Defence Association,

"BENJAMIN WARD RICHARDSON,

"M.D., F.R.S., President.

"GEORGE BROWN, M.R.C.S.,

"Hon. Secretary."

NOTICES.

We desire to give notice that subscriptions will not be received for less than one year at the published price, six shillings. Those who wish the GAZETTE forwarded by post for a less period than twelve months must remit the full price at 2½d. per copy.

We regret that many occasional subscribers should have been unable to procure the last few issues of the GAZETTE in consequence of the rapid sale at our various agents. Arrangements have been made to send large supplies to our chief agents at the Hospitals. Last week's issue has been reprinted, and may be obtained on application to Messrs. Baillière Tindall & Cox, 20, King William Street, Strand.

The Hospital Gazette.

SATURDAY, NOVEMBER 21, 1885.

EDITORIAL AND PERSONAL.

MR. SANDFORD, representative of California in the United States Assembly, has performed one of the most splendid acts of generosity ever chronicled, the magnitude of which entirely eclipses all similar gifts in recent years. Some time since, this gentleman handed over a large estate, valued at one million sterling, for the purpose of founding and building an educational institution—or, in transatlantic phraseology—university. To this munificent present, the same generous donor has now added a sum of no less than *three millions* sterling for endowment purposes; thus making his benefaction the most magnificent example of individual generosity ever witnessed. We trust the results achieved in the new university may be worthy of its origin.

In the *Lancet*, for November 7th, there appears a letter from Mr. Erichsen, in which the writer declares himself hostile to the movement for giving to students who obtain the L.R.C.P., and M.R.C.S., a right to the M.D. degree. The arguments urged in defence of the adverse opinion are of the weakest possible description, and will not, for a moment, bear examination. We have so often exposed the fallacy of such reasoning, that we need not again refer to the question; but it is our unpleasant duty to point out one or two significant facts in connection with Mr. Erichsen's declaration. In the first place, Mr. Erichsen is a candidate for the representation of the Universities of Edinburgh and St. Andrews in the next Parliament. Secondly, the number of students proceeding to the medical department of Edinburgh

University will, when the combined colleges are empowered to grant the M.D., be very materially diminished, and the interests of the University are, consequently, very closely dependent on the defeat of all attempts to mete out justice to London students. And, thirdly, it is plainly politic to secure the goodwill of voters by exhibiting the fullest activity in defending their personal interests. We very much regret that Mr. Erichsen should have selected this particular time for declaring his convictions on the subject in question, for notwithstanding that it was elicited in reply to one of his constituents, who did not avowedly make his demand a party one, still the whole affair has too much the appearance of an electioneering feint; and this opinion is greatly assisted by the weak and untenable nature of the objections advanced.

WRITING on liveries the *Evening Standard* says:—Some of the ways by which medical men announce their profession plainly come within the category of liveries. There are few survivors now of the old school who always dressed in solemn black, with frock coat and deep stock, but specimens of this class are still to be met with in country places. In the towns doctors do not cultivate an eccentric style in dress, but an air of preoccupation and much learning indicates who and what they are. It is as easy to tell a doctor, as he drives through the street, as it is to distinguish a sailor or even a policeman. In his consulting-room, or at his patient's house, his personal idiosyncrasies—the familiarities he affects or which are natural to him—are seen in strong relief. He may be as bland as a deputation, or as peremptory as a police magistrate. He may flatter you into a belief in his own wisdom by appearing to concede everything to yours, or he may awe you by a dogmatic statement of opinion that makes no question of its own accuracy. There are many varieties between these types; but types they all are, and to be classified as we classify the liveries of less learned men. There is a peculiarity about the names of doctors—particularly of specialists—which we have never been able to understand. If the physician we are advised to consult happens to be named Jones or Brown, the chances are ten to one that Providence, or some other benign agency, has given him another and more impressive name also, which forms an excellent combination with the simple patronymic. Dr. Jones is Dr. Phipps Jones; Dr. Brown is Dr. Tibbs Brown. This sort of combination is so common—there is scarcely even a dentist without what looks like a distinguished prefix to his name—that we may be forgiven for questioning whether in all instances it dates from the baptismal font. If it does, then there is more in the doctrine of election and predestination than we have been accustomed to suppose." There is much truth in the above description of the styles affected by members of our profession.

THE authorities of the London Hospital are to be congratulated on their new Mission House and Training School, which has been in course of erection during the past twelvemonth, and is now rapidly approaching completion. It is a well planned, substan-

tial building, and will contain every comfort and convenience that a Training School on such a large scale as this can possibly hope for. Its size can be imagined when we state that in addition to over one hundred separate bedrooms, it contains large dining hall, class rooms, sitting room and library, as well as suites of apartment for the Assistant Matrons. When the furnishing is completed, which will be in the course of one or two months, the building will be opened and will then form without exception the most extensive Training School for nurses in existence, and being attached to the largest hospital in London, it will thus offer unusual facilities for practical instruction.

EARLY in the present session the students' refreshment room at Guy's has been completely redecorated, and now presents a most pleasing effect. One of Mr. William Morris's most beautiful papers has been used to paper the wall, round which a new wooden dado has been placed. This change will render Guy's refreshment room doubly attractive to the students, with whom it has always been very popular. The authorities have found, that in many ways, it is a great convenience and advantage to the students to be able to obtain their meals within the building.

An operation, which has but rarely been performed successfully, was recently undertaken by Mr. C. Egerton Jennings, F.R.C.S., Surgeon to the Cancer Hospital, and has terminated in a way to reflect the utmost credit on the skill and judgment with which it was performed. The patient was a middle-aged woman, the subject of cancer of the womb, and whose condition, while being at the time favourable for operation, was still such as to leave but small prospects of any lengthened term of life, unless the tumour could be excised. The uterus being freely moveable, and the vagina being free from cancerous infiltration, Mr. Jennings decided to extirpate the whole of the affected organ; and accordingly, on October 30th last, this was done through an incision made into the vagina. The peritoneum was peeled off the uterus with the finger as high as it could reach, and the broad ligament clamped on each side. With scissors the womb was then cut away internal to the clamps, and removed bodily. Sir Spencer Wells saw the patient on the day following, in consultation, and gave a most hopeful prognosis, which has been fully verified, the woman being now out of all danger, and well recovered.

WHEN the enterprising "trader's not a-trading," he is pretty certain to be engaged either in the ennobling pursuit of airing his magnificence, or in devising new and original frauds upon the pockets of a long-suffering and credulous public. The latest exhibition of his skill in the latter direction has been most inconveniently exposed by the *Medical Press and Circular*, the representative of which vigilant organ of professional opinion has been among the traders in honey, and has been "taken notes" to some purpose. According to this painstaking and

persevering observer, "new honey," which is shown in such tempting profusion in the windows of grocers just now, is at once a homely swindle and a harmless delusion, its principal characteristic being its utter freedom from any sort of association with the natural product of the industrious bee. Our esteemed contemporary's receipt for the manufacture of this luscious and tempting compound, as exhibited in the shops, is as follows:—Take a glass jar, fill with clarified treacle, at 2d. a lb., put a piece of honeycomb in the centre, and label, "New honey." As we are in the habit of paying one shilling and fourpence per pound for the article thus concocted, it would seem that the remuneration of intellectual labour among grocers is by no means inconsiderable; and, after all, the gastronomic effects produced are by no means despicable. The morality of the transaction is an element in the problem that defies human nature to discern.

It is a little difficult to explain the process of thought resulting in the determination to conceal one's personal identity when it takes place within the sensorium of a man who has just before been deprived of both his lower extremities by a locomotive engine. And yet this actually occurred on Tuesday, at Cyfarthaironworks, where a man who had been run over by an engine, with the result mentioned, declined, when asked, to give his name. It was impossible to convince him of the legitimacy of the inquiry, since he lived but a very short time after the accident, and all that is known of him is that he probably hailed from Cardiff. To a philosopher, engaged in the enjoyment of a fortune, and with unlimited time at disposal, the solution of the question why a man on the point of death should refuse his name and address, might prove attractive occupation. To all such it is freely offered. We are convinced that it involves a great and hitherto undiscovered truth.

THE FIRST L.R.C.P. EXAMINATION.

WE publish in our correspondence column this week one out of a large number of letters which we have received from medical men and students, complaining of the careless manner in which Part I. of the recent examination held under the conjoined scheme seems to have been conducted. As all our readers are aware, this examination includes Chemistry, Chemical Physics, and *Materia Medica*, together with Pharmacy and Medical Botany, which is divided into two parts, either of which a student is allowed to pass without re-examination in the whole; so far, so good, but how came it that the authorities at the Royal College of Physicians allowed a wrong pass list to be posted up, and which, after having been inspected by some two or three hundred students, was ruthlessly hauled down, and its place supplied by another, in which the results, in some cases, were only partially, but in others totally, reversed. Gross carelessness, too, has been shown in sending out the cards—indeed, we know of one instance in which on the first list, a student was represented as having passed in both subjects, but on receiving his card he found to his dismay that he had failed instead; this justly roused him, and he

forthwith went to the College of Physicians, and having requested the official to be kind enough to refer to the pass list, it was found that after all he had actually passed in the whole of his examination. Cases, too, in which the result has been exactly the reverse to that shown on the original pass list, have been the rule rather than the exception. Surely the Council cannot see such reckless mismanagement as this going on, without taking active and immediate steps to ensure that for the future one pass list only shall be issued, and that that one shall be final. One student, who was bold enough to ask for an explanation, was told that the whole mistake was due to a "slip of the pen," but surely when the pen writes "passed" for "failed" and *vice versa*, most people will agree in saying "that pen should have been handled more carefully." Again, if the examining board recognise and pass over such slips of the pen when they occur amongst themselves, we would ask them if they ever pass over any such slips of the pen when made by students on their examination papers? A candidate who was only fortunate enough to get through one part, but who, if both lists were to be believed, had passed in both, on asking the official upstairs if he was not legally entitled to the same, was told that if he (the student) should attempt to claim such a thing, it would make it very bad for the College of Physicians, and very bad for the student. This, we must say, almost reminds us of the Irish system of intimidation. In conclusion, we would hope that all these examinations should be worked on a system so faultless, that any repetition of this recent scandal shall be an absolute impossibility.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examinations, were admitted Licentiates in Dental Surgery at a meeting of the Board on the 6th inst.:—R. B. Booth, E. P. Collett, A. L. Goadby, A. Helyar, L. Jeffery, J. Maberly, R. May, H. Murray, W. Palethorpe, S. E. Pedley, G. O. Richards, R. W. Rouw, L. E. Sexton, T. G. Williams.

COLLEGE OF PHYSICIANS OF IRELAND.—At the October examinations, the following candidates, having passed the required examinations, obtained the Licences in Medicine and Midwifery of this College:—*Medicine*—C. Boddy, A. E. I. Birmingham, W. E. Le Fanu Hearn, G. B. Irvine, R. D. Purefoy. *Midwifery*—J. T. Daly, A. E. Birmingham, J. Outhbert, E. W. Gray, G. B. Irvine, W. E. Le Fanu Hearn, W. R. Knight, J. A. Lindsay, E. L. Pooler, R. D. Purefoy, T. W. Dryer. The under-mentioned was admitted a member:—T. W. Trend.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, on Thursday, November 6th, 1885:—J. Anderson, The Abbey, Abingdon; D. Williams, Pontgarreg, Johnstown, Carmarthen. The following also passed in the Science and Practice of Medicine, and received a certificate to practise:—T. F. Shackleton, Grassmere, Honley Road Catford. The following gentlemen also on the same day, passed their Primary Professional Examination:—A. B. Avarne, London Hospital; J. C. Bell, Guy's Hospital; C. E. Thomas, Middlesex Hospital.

VACANCIES.—The following vacancies are announced:—Bristol General Hospital. House Surgeon. Salary, £120 per annum. Applications by December 2nd.—Durham County

Hospital. House-Surgeon. Salary, £100 per annum. Applications by November 27th.—Fisherton House Asylum. Assistant Medical Officer. Salary, £100 per annum. Applications to Dr. Finch, Fisherton Asylum, Salisbury.—National Hospital for the Paralyzed and Epileptic, Queen Square, Bloomsbury. House-Physician. Salary, £100 per annum. Applications by November 21st.—Smethwick and Handsworth A.F.S. Medical Association. Medical Officer. Applications to J. Mitchell, 2, Windmill Lane, Smethwick, near Birmingham.—St. Marylebone General Dispensary. Resident Medical Officer. Salary, £105 per annum. Applications by November 30th.—Windsor Royal Infirmary. House-Surgeon. Salary, £100 per annum. Applications by November 26th.

APPOINTMENTS.—William Moss Bristow, M.R.C.S., Eng., L.R.C.P. Ed., late House-Surgeon, appointed House-Physician to the Liverpool Royal Infirmary; Edward Lyceet Bard, B.A. Cantab, M.R.C.S., appointed Clinical Assistant to the Royal Westminster Ophthalmic Hospital. J. Paul Bush, M.R.C.S. Eng., appointed Assistant-Surgeon to the Bristol Royal Infirmary. Albert Carless, M.R.C.S., L.S.A., appointed House-Surgeon to King's College Hospital, *vice* J. F. Harries, M.R.C.S. Eng., retired. A. Ward Collins, L.R.C.P. Lond., M.R.C.S., appointed House-Surgeon to the Liverpool Royal Infirmary. Charles B. Cooper, L.R.C.P. Lond., M.R.C.S., L.S.A., appointed Assistant House-Surgeon to the Liverpool Northern Hospital. Alfred Harold Cox, L.S.A., appointed Assistant House-Physician to King's College Hospital, *vice* P. G. Lewis, L.S.A., retired. J. E. Gemmel, M.B., C.M. Ed., appointed House-Physician to the Liverpool Royal Infirmary. John Frail Harries, M.R.C.S., appointed Ophthalmic Clinical Assistant to King's College Hospital, *vice* J. P. Gray, M.R.C.S., L.S.A., retired. Edgar Alfred Hughes, M.R.C.S., L.R.C.P., L.S.A., appointed House-Surgeon to King's College Hospital, *vice* R. C. Priestly, M.R.C.S., retired. S. Hughes, M.B., C.M. Ed., M.R.C.S., reappointed House-Surgeon to the Liverpool Royal Infirmary. Charles John Jacomb-Hood, M.R.C.S., L.S.A., appointed Assistant House-Accoucheur to King's College Hospital, *vice* C. P. Child, M.R.C.S., retired. Percy George Lewis, L.S.A., appointed Physician's Assistant to King's College Hospital, *vice* C. H. East, L.S.A., retired. Francis Penny, M.R.C.S., L.S.A., appointed Physician-Accoucheur's Assistant to King's College Hospital, *vice* E. A. Hughes, M.R.C.S., L.R.C.P., retired. Ernest Henry Smith, M.R.C.S., L.S.A., appointed House-Surgeon to King's College Hospital, *vice* F. Jeffree, M.R.C.S., retired. A. E. Weightman, L.R.C.P., and L.R.C.S. Ed., late House-Physician, appointed House-Surgeon, to the Liverpool Royal Infirmary.

ROYAL UNIVERSITY OF IRELAND.—The following Exhibitions and Honours have been awarded by the Vice-Chancellor of the University:—First Examination in Medicine: Exhibitions—Second Class (£15), J. W. C. MacPherson. Honours—Second Class, J. W. C. MacPherson. Second Examination in Medicine: Exhibitions—Second Class (£20), Special Prize (£25), Wm. H. Thompson. Bachelor of Medicine: Exhibitions—First Class (£50 each), Ralph B. Mahon (disqualified by University standing), and John J. Redfern; Second Class (£25 each), Daniel McDonnell and Henry A. Cummins. Honours—First Class, Ralph B. Mahon and John J. Redfern; Second Class, Daniel McDonnell and Henry A. Cummins. Master in Surgery: Honours—First Class, W. J. R. Knight, Daniel McDonnell, and Benjamin Sumner. Master of Obstetrics: Honours—First Class and Special Prize of £20, John J. Redfern. Pass: W. S. H. Brand, Andrew Buchanan, Henry A. Cummins, M. H. Curtin, William A. Fogarty, John F. Haines, James S. Lytle, Daniel McDonnell, John Menary, William R. Scott, Andrew S. Thompson, and William A. Whitelegge. Diploma in Sanitary Science: Robert Barry and F. H. S. Murphy. The Dr. Henry Hutchinson Stewart Scholarship for Proficiency in the Treatment of Mental Diseases; Patrick A. Daly. Special Prize of £25, William H. Thompson.

A LOGICAL CONCLUSION.—Doctor—"Pat, did you leave that bottle at Mrs. Murphy's?" Pat—"Yes, Doctor." Doctor (musingly)—"I wonder did she take it?" Pat (aside)—"Begorra, I'm sure she did." Doctor (overhearing remark)—"Why, Pat, how do you know she did?" Pat—"Oh, sure, doctor, I was passing her door this morning, and I saw craps on it."

University, College, and Hospital Intelligence.

BIRMINGHAM.

FOOTBALL.—A match was played on Thursday last between Queen's and Mason's Colleges, which resulted in an easy victory for Mason's. With few exceptions, the medicals played poorly, showing a great want of form. We hope that if a return match is played, the tables will be reversed, as they easily can be if the team is chosen without partiality.

THE LATE DR. CARPENTER.—Professor Haycraft, before his lecture on Friday morning, paid a graceful tribute to the memory of Dr. Carpenter, alluding to his great services in the course of comparative physiology, and the active part he took in the projection of the "Challenger" expedition. His remarks were loudly cheered.

RIVAL POLITICIANS.—The Chair of Medicine here is held jointly by Dr. Foster and Dr. Sawyer. The former is the Radical candidate for Chester, and the latter has lately made a successful debut as a Conservative orator of no mean order. Dr. Foster says that he wishes to enter St. Stephen's as a medical man, and not as a pronounced politician. If we were all certain of his ability to maintain his independence, every student would work hard and willingly for him, but as it is—The profession sadly needs a representative in the House of Commons of the stamp of the first Wakley, but it is too much to hope that such a man will be found in the nominee of the Birmingham Liberal Association yclept the "canous."

GLASGOW.

ANDERSON'S COLLEGE.—At the usual weekly meeting of the Medical Society, held on Saturday last, the chief business was the election of a committee to make arrangements for the annual concert. It was also agreed that the treasurer should be instructed to solicit a subscription from all honorary members of the Society.

Examination Questions.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

FIRST EXAMINATION.

Histology.—1. How many kinds of epithelium do you recognise? In what parts are simple pavement epithelium and ciliated epithelium to be found? 2. Describe what you see in a transverse section of the compact structure of bone magnified 100 diameters. 3. Describe the microscopic appearance of a drop of saliva.

Elementary Anatomy.—1. Give the origin, insertion, and formation of sheath of rectus abdominis. 2. Describe the orbital cavity, giving the portions of bones which enter into its formation, and the openings which communicate with it. 3. Describe the ligaments of the scapula. 4. Name the muscles which rotate outwards the hip-joint.

Chemistry.—1. Describe phosphorus, its preparation and properties. 2. Give the principal compounds of nitrogen and oxygen, their preparation and properties. 3. What is the principal source of the potassium compounds, and how is the carbonate prepared? (Three questions to be answered.)

SECOND EXAMINATION.

Anatomy.—1. Give the relations of the vas deferens from its commencement to its termination. Describe its structure. 2. Describe, step by step, the dissection required to expose the whole length of the musculo spiral nerve. 3. What are the relations of the external iliac artery? 4. Enumerate the cartilages of the larynx, and mention the movements which take place between them. (Three questions to be answered.)

Physiology.—1. What is the nature of lymph? and what are the changes it undergoes in its passage towards the thoracic duct? 2. Describe the functions of the Malpighian capillaries, and of the convoluted and looped tubes of the kidney in the secretion of urine; and explain the effects of division and of

stimulation of the spinal cord below the medulla, upon that secretion. 3. Describe the changes undergone by the ovum after fecundation up to the formation of the epiblast, hypoblast, and mesoblast, and mention the future bodily structures these respectively originate. 4. Describe the process of healthy gastric digestion, giving the nature of the gastric juice and its action on proteids. (Three questions to be answered.)

Materia Medica.—1. Iodine of potassium, state its preparation, doses, and mode of administration, and the official preparations containing it. 2. Emetics—what are they? Mention three, give their doses and modes of administration. 3. Mention the official powders containing opium, their doses, and the amount of opium in each.

TRIPLE QUALIFICATION. FIRST EXAMINATION.

A successful candidate got the following at the *viva voce*:—**Histology.**—Microscope; choroidal pigment.—Yellow elastic tissue; hyaline cartilage; four specimens given; asked a few questions on yellow elastic tissue, how to distinguish from white fibrous, action of acetic acid on it.

Anatomy.—On the cubital space, a good dissection, and front of forearm, pretty minutely. Bones. Attachments of muscles and ligaments to scapula; humerus; knee joint; ligaments and their uses.

Chemistry.—Preparation of nitric acid, properties, action on the skin, &c. Composition of the atmosphere, proportions of nitrogen and oxygen, how prove the presence of carbon dioxide, preparation of CO₂. Compounds of zinc:—what salt does the sulphate resemble? preparation of the oxide. Practical.—Got lead; not precipitated by HCl. (In this the examiners stand over you.)

SECOND EXAMINATION.

Viva voce: Materia Medica—Gall Nuts.—How formed and on what natural order? Any other part of the oak used medicinally? Preparations? How to prepare tannic acid. Colchicum corms—what part of plant? Any other part of plant used? Describe the seeds—what do they resemble? Preparations of colchicum. How is oil of mustard obtained?

Anatomy—Bones.—Section of skull; define the attachments of muscles to styloid process. Muscular attachments round the mastoid process. Boundaries of the digastric triangle; what do you meet with (in their order) in a dissection of this space. Inferior maxilla, (markings on it. Popliteal space. Examined minutely on it. Palm of hand. A splendid dissection, right down to the interosseous muscles, arteries well shown.

Physiology.—Took me on digestion; structure of stomach and small intestine; structure of the villi, how is the chyle propelled? Difference between chyle and lymph, and between lymph and blood, vascular supply of the liver, distribution of the hepatic artery, (was allowed to illustrate by diagram composition of bile, its uses and amount formed in 24 hours.)

UNIVERSITY OF GLASGOW.

M.B. EXAMINATION.

Zoology.—1. Describe the locomotion of sea-urchins and star-fishes, and the apparatus by which it is effected. 2. Give the distinctive characters of asterids, ophiurids, and crinoids. 3. Describe the ingestion and digestion of food in the coelenterates. 4. Give the essential characters of vertebrates. 5. Give examples of exo-skeleton and endo-skeleton among the coelenterates.

B.Sc. EXAMINATION.

In addition to the above questions, Candidates for B.Sc. are required to answer the following:—

6. Compare a cydippe and an echinus. 7. What do you understand by a "morphological unit?" Give examples. 8. Describe the division of physiological labour illustrated in the development and growth of the hydrozoa.

M.B. and B.Sc. EXAMINATIONS.

Chemistry.—1. Describe the reactions by which hydric cyanide is obtained, and those by which its presence is detected and established. 2. Give methods for distinguishing from one another zinc white, white lead, white arsenic, chalk, gypsum, flour, and starch. 3. Calculate the amount of oxygen required to convert 25 litres of carbonic oxide at 15°, what weight of potash would it take to absorb the carbonic acid gas formed? 4. Give processes for the conversion of ferrous sulphate into ferric chloride, of barium sulphate into barium

forthwith went to the College of Physicians, and having requested the official to be kind enough to refer to the pass list, it was found that after all he had actually passed in the whole of his examination. Cases, too, in which the result has been exactly the reverse to that shown on the original pass list, have been the rule rather than the exception. Surely the Council cannot see such reckless mismanagement as this going on, without taking and immediate steps to ensure that for the one pass list only shall be issued, and that shall be final. One student, who was brought to ask for an explanation, was told the mistake was due to a "slip of the pen when the pen writes 'passed' for *vice versa*, most people will agree the pen should have been handled. Again, if the examining board over such slips of the pen themselves, we would have over any such slips of paper on their examination only fortunate enough who, if both lists both, on asking legally entitled student) should would make and very almost examination fault shall

THE ROYAL COLLEGE OF PHYSICIANS, LONDON.

Examination for Degrees in Materia Medica, November, 1885.

1. Give the history of the following: opium, belladonna, stramonium, scopolamine, hyoscyamine, and their preparations; the action of digitalis on the heart and upon the kidneys. 2. Describe the action of digitalis on the heart and upon the kidneys. 3. Describe the action of digitalis on the heart and upon the kidneys.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Examination for Degrees in Dental Surgery.—November 4, 1885.

1. Define the terms dentition of batrachia and reptilia. 2. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia. 3. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia.

4. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia. 5. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia.

6. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia. 7. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia.

8. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia. 9. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia.

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20. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia. 21. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia.

22. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia. 23. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia.

24. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia. 25. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia.

26. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia. 27. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia.

28. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia. 29. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia.

30. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia. 31. Describe the manipulations necessary in order to demonstrate the dentition of batrachia and reptilia.

Hospital. House-keeping neurotic symptoms, and what are their tions by Nover-atic properties by which they may be readily ant Medical State also the circumstances under which they to Dr. Fin- or be produced, causing, as they have done, death, for the time. 4. Mention the symptoms which charac- House-keeping neurotic poisoning in the acute form, and state what No- measures you would adopt for the relief of a patient in such a 6. In examining the dead body of an adult found in some unfrequented place, what circumstances will enable you to determine approximately the length of time which has elapsed since the occurrence of death? 6. Under what circumstances is it possible that death may occur as the result of poisoning, and yet chemical investigation after death fail to detect any poisonous substance in the organs of the deceased?

DEGREE OF M.Ch.—AUTUMN, 1885.

1. Give all particulars of treatment likely to be required before the performance of ovariectomy. 2. Describe the growths which have been named venereal warts. Contrast them with mucous tubercles, and state exactly how they should be treated. 3. Enumerate the varieties of cataract. Supply an explanation of the mode of formation of zonular or lamellar cataract, and describe an operation for the removal of cataract during early life. 4. Describe the most common luxation of the head of the humerus. What serious complication may be the result of the accident or its treatment? 5. Describe the condition known as surgical shock. 6. Enumerate the varieties of ozæna, and describe fully one of the more common forms.

DEGREE OF M.A.O.—AUTUMN, 1885.

Obstetrics.—1. In a third cranial position, assuming rotation to occur, describe the mechanism of delivery from the time the head "engages the brim" until it is born. 2. What causes may operate in preventing this termination? and describe the process by which the head is born when rotation does not occur. State how you would, under these circumstances, assist the labour. 3. What do you understand by the condition known as "craniotabes"? In what general state is it found? What is the condition of the blood and osseous system in this disease? 4. In a case of abortion at the fourth month, the ovum comes away, but the funis and small placenta remain. There is no hæmorrhage. What would you consider the best treatment in regard to the removal of the placenta? State your reasons. 5. What are the most recent views in regard to the pathology of paralysis accompanying pregnancy? 6. Enumerate the causes of sudden death of the mother after parturition.

Gynaecology.—1. Mention the various non-malignant growths which invade the uterus. Differentiate a uterine fibro-cyst, fibroma, a large intra-uterine polypus. 2. You are sent to a patient with an abdominal tumour, in order to make a diagnosis. The tumour resembles the pregnant uterus at the end of the fourth month of pregnancy. The patient asserts that she menstruates regularly. State how you would proceed to diagnose and differentiate the tumour. 3. Contrast fully the diseases scarlatina and röteln. 4. Describe the different congenital malformations of the female generative organs. 5. What do you mean by hyperplasia of the uterus? What are the symptoms? What are the causes which may give rise to this condition? With what may you confound this condition? What is the treatment? 6. What lesion does persistent vomiting in children in general indicate?

Notices of Books.

WOODHEAD'S PATHOLOGICAL MYCOLOGY.*

The well-deserved success attained by Dr. Sims Woodhead's magnificent Manual of Practical Pathology has encouraged its author to provide further for the instruction of those who are awakening to the importance of individual research in connection with medicine; and in this first part of a treatise on the etiology of infectious diseases we are presented with a welcome guide to the methods necessary to the pursuit of productive studies in this connection. The cultivation and examination of minute organisms must necessarily precede the acquisition of any reliable information concerning the role played

* Pathological Mycology, by G. Sims Woodhead, M.D., F.R.C.P. Ed., and Arthur W. Hare, M.B.C.M. Section I, Methods. Edinburgh: Young J. Pentland.

THE ROYAL UNIVERSITY OF IRELAND.

M.B. EXAMINATION.—AUTUMN, 1885.

Medical Jurisprudence (Davy, M'Hugh).—1. Point out the differences which are observable in the symptoms and post-mortem appearances in a case of perforation of the stomach from the effects of disease, and in that resulting from the action of a poison. 2. A dark stain being discovered on the floor of a room, or on some article of furniture in it, state how you would proceed to ascertain whether it was caused by blood, or by some other substance which might present a somewhat similar appearance. 3. What are the four well-known poi-

sm; and whoever renders such aid as will simplify the
tion of such studies, cannot fail of doing incalculable
to the cause of progress. Dr. Woodhead and Mr.
e together done this, and the directions they give in
nder notice are so plain, straightforward, and easily
hat even busy general practitioners will find little
arrying out the methods described; and may thus
y materially to the advancement and perfection
e.
ains ample instructions for cultivating all the
ms yet recognised as associated with diseases,
subsequent preparation and examination, the
se use of illustrations of apparatus, and of the ob-
e observed, being made throughout the book. Many
e drawings, moreover, are coloured, and no pains have
en spared by authors or publisher to make it what it must
in justice be described, a complete and invaluable guide to the
practical study of the micro-organisms of disease.

Correspondence.

ROYAL COLLEGE OF PHYSICIANS EXAMINATION.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—I think that in expressing my views concerning the
last Primary L.R.C.P. Examination, I shall be saying what a
great many others feel concerning it, that it is "rather
puzzling" to account for the different results I hear from all
sides. That something is wrong there can be no doubt—for
names posted in the first list were a great many of them
wrong—for a few hours afterwards students congratulating
themselves on success received notices to say that they had
failed to satisfy the examiners in either this or that, or both.

This is indeed very disheartening, after months of careful
study, to be no nearer than the outset of the exam. "Do you
think that the new conjoined regulations have anything to do
with it?" comes in from all sides, and it certainly takes up a
greater part of the various discussions concerning it.

Several men are thinking of taking up the Edinburgh degree
instead, myself among the number of the

"PLUCKED."

St. Bartholomew's Hospital, E.C.,
Nov. 11th, 1885.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS, Orders for the "GAZETTE" and
Advertisements, should be sent to the Publishers, Messrs.
Baillière, Tindall, and Cox, to whom Post Office Orders are
to be made payable at the Charing Cross Post-office.

THE EDITOR hopes that the Local Secretaries will do their
utmost during the ensuing Session to assist him in maintain-
ing the interest and value of the GAZETTE, by forwarding
early reports of all meetings or other events likely to be of
general interest to students.

ARTICLES, LETTERS, and all communications intended for pub-
lication, and Books for Review, to be addressed to the Editor
of THE HOSPITAL GAZETTE, 20, King William Street,
Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany
each letter, not necessarily for publication, but as a guarantee
of good faith.

MR. SIMPSON (Clapham) is thanked for his communication.

MR. SANDERSON (Peckham) and **OTHERS**.—We cannot under-
stand the difficulty you experience in getting THE HOSPITAL
GAZETTE at the local newsagents. Parcels are sent on the
day of publication to Messrs. W. H. Smith and Co., Messrs.
Kent (Paternoster Row), Vickers (Strand), Dawson, and
other wholesale publishers, that the GAZETTE may be ob-
tained by all newsagents if ordered in time.

DUNK OR DYING.—An article on this important subject will
appear next week.

COMMUNICATIONS, LETTERS, &c.—Dr. J. Milner
Fothergill, London; Mr. W. H. White, Guy's Hospital;
Mr. Charles Forsyth, Bradford; Dr. C. E. Armand Semple,
London; Mr. Francis Simpson, Clapham; Mr. Harry
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nitrate, of sodium sulphate into sodium iodide, and of chromium sulphate into silver chromate. 5. What are the sources and principal properties of potassium chloride? By what tests are its constituents accurately distinguished from all other elements? Give the names and composition of the products obtained by heating it along with hydric sulphate and hydric nitrate respectively.

Botany.—1. What is endosperm? Where is it found, and what is its physiological importance to the plant? Mention examples of endosperm which are of economic value to man. 2. Describe the structure of a typical stroma, and explain its function and mode of action. 3. What is meant by cohesion, adhesion, and suppression of parts of the flower, and show by examples the modifications which these processes may severally induce. 4. Give an account of the life-history of the mushroom (*agaricus campestris*); state from what sources it derives its nourishment. 5. What are the distinctive characters of the natural order scrophulariaceae; name its chief economic products, and any of its representative genera from the British Flora. Only four of the above questions to be attempted; all are of equal value.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

Viva voce Examination in Materia Medica,
2nd November, 1885.

Shewn specimens of ammonium chloride, spermaceti, senega root, gentian root, digitalis leaves, and glycerine. Asked the composition of spermaceti, and its source; the preparation of glycerine; the difference between fixed and essential oils; to name the fixed oils; the preparations of digitalis, and their doses; the dose of powdered digitalis; the action of digitalis on the heart and upon the kidneys.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

EXAMINATION FOR DIPLOMA IN DENTAL SURGERY.—NOVEMBER 4, 1885.

Dental Anatomy and Physiology and Dental Surgery.—1. Describe in general terms the dentition of batrachia and reptilia. Mention any special peculiarities in the dental tissues which occur in these groups. 2. Describe the manipulations necessary in order to demonstrate microscopically—(1) Nasmyth's membrane; (ii) dentinal fibrils; (iii) interglobular spaces. 3. What defects in form and structure specially predispose teeth to the attacks of dental caries? Which are the vulnerable spots in the several teeth.

Dental Surgery and Pathology.—1. What are the various forms of odontomes? What is their structure? To what symptoms do they give rise? 2. What methods should be adopted in filling the roots of (i) a tooth, the pulp of which has been recently devitalized? (ii) A tooth, the pulp of which has been long dead? 3. In the preparation of the mouth for the insertion of artificial dentures, when should the roots of teeth be retained, and when should they be extracted?—(The candidate is required to answer at least two of the three questions, both on dental anatomy and physiology, and on dental surgery and pathology.)

Anatomy and Physiology.—1. Give the distribution of the fifth pair of cerebral nerves, and the ganglia with which they are connected. 2. Trace the course of the circulation from the left ventricle to the right auricle, and mention the principal changes undergone by the blood.

Surgery and Pathology.—3. Describe the varieties of nasal polyp, their symptoms and appropriate treatment. 4. Describe the process of suppuration, and give the treatment.—(The candidate is required to answer at least one of the two questions, both on anatomy and physiology, and on surgery and pathology.)

THE ROYAL UNIVERSITY OF IRELAND.

M.B. EXAMINATION.—AUTUMN, 1885.

Medical Jurisprudence (Davy, M'Hugh).—1. Point out the differences which are observable in the symptoms and post-mortem appearances in a case of perforation of the stomach from the effects of disease, and in that resulting from the action of a poison. 2. A dark stain being discovered on the floor of a room, or on some article of furniture in it, state how you would proceed to ascertain whether it was caused by blood, or by some other substance which might present a somewhat similar appearance. 3. What are the four well-known poi-

sonous gases producing neurotic symptoms, and what are their most characteristic properties by which they may be readily recognised? State also the circumstances under which they may occur, or be produced, causing, as they have done, death, from time to time. 4. Mention the symptoms which characterise antimonial poisoning in the acute form, and state what measures you would adopt for the relief of a patient in such a case. 5. In examining the dead body of an adult found in some unfrequented place, what circumstances will enable you to determine approximately the length of time which has elapsed since the occurrence of death? 6. Under what circumstances is it possible that death may occur as the result of poisoning, and yet chemical investigation after death fail to detect any poisonous substance in the organs of the deceased?

DEGREE OF M.CH.—AUTUMN, 1885.

1. Give all particulars of treatment likely to be required before the performance of ovariectomy. 2. Describe the growths which have been named venereal warts. Contrast them with mucous tubercles, and state exactly how they should be treated. 3. Enumerate the varieties of cataract. Supply an explanation of the mode of formation of zonular or lamellar cataract, and describe an operation for the removal of cataract during early life. 4. Describe the most common luxation of the head of the humerus. What serious complication may be the result of the accident or its treatment? 5. Describe the condition known as surgical shock. 6. Enumerate the varieties of oæma, and describe fully one of the more common forms.

DEGREE OF M.A.O.—AUTUMN, 1885.

Obstetrics.—1. In a third cranial position, assuming rotation to occur, describe the mechanism of delivery from the time the head "engages the brim" until it is born. 2. What causes may operate in preventing this termination? and describe the process by which the head is born when rotation does not occur. State how you would, under these circumstances, assist the labour. 3. What do you understand by the condition known as "craniotabes"? In what general state is it found? What is the condition of the blood and osseous system in this disease? 4. In a case of abortion at the fourth month, the ovum comes away, but the funis and small placenta remain. There is no hæmorrhage. What would you consider the best treatment in regard to the removal of the placenta? State your reasons. 5. What are the most recent views in regard to the pathology of paralysis accompanying pregnancy? 6. Enumerate the causes of sudden death of the mother after parturition.

Gynaecology.—1. Mention the various non-malignant growths which invade the uterus. Differentiate a uterine fibro-cyst, fibroma, a large intra-uterine polypus. 2. You are sent to a patient with an abdominal tumour, in order to make a diagnosis. The tumour resembles the pregnant uterus at the end of the fourth month of pregnancy. The patient asserts that she menstruates regularly. State how you would proceed to diagnose and differentiate the tumour. 3. Contrast fully the diseases scarlatina and röteln. 4. Describe the different congenital malformations of the female generative organs. 5. What do you mean by hyperplasia of the uterus? What are the symptoms? What are the causes which may give rise to this condition? With what may you confound this condition? What is the treatment? 6. What lesion does persistent vomiting in children in general indicate?

Notices of Books.

WOODHEAD'S PATHOLOGICAL MYCOLOGY.*

The well-deserved success attained by Dr. Sims Woodhead's magnificent Manual of Practical Pathology has encouraged its author to provide further for the instruction of those who are awakening to the importance of individual research in connection with medicine; and in this first part of a treatise on the etiology of infectious diseases we are presented with a welcome guide to the methods necessary to the pursuit of productive studies in this connection. The cultivation and examination of minute organisms must necessarily precede the acquisition of any reliable information concerning the role played

* Pathological Mycology, by G. Sims Woodhead, M.D., F.R.C.P. Ed., and Arthur W. Hare, M.B. C.M. Section I, Methods. Edinburgh: Young J. Pentland.

by them; and whoever renders such aid as will simplify the prosecution of such studies, cannot fail of doing incalculable service to the cause of progress. Dr. Woodhead and Mr. Hare have together done this, and the directions they give in the work under notice are so plain, straightforward, and easily followed, that even busy general practitioners will find little difficulty in carrying out the methods described; and may thus contribute very materially to the advancement and perfection of our knowledge.

The work contains ample instructions for cultivating all the principal organisms yet recognised as associated with diseases, and for their subsequent preparation and examination, and the most profuse use of illustrations of apparatus, and of the objects to be observed, being made throughout the book. Many of the drawings, moreover, are coloured, and no pains have been spared by authors or publisher to make it what it must in justice be described, a complete and invaluable guide to the practical study of the micro-organisms of disease.

Correspondence.

ROYAL COLLEGE OF PHYSICIANS EXAMINATION. *To the Editor of THE HOSPITAL GAZETTE.*

SIR,—I think that in expressing my views concerning the last Primary L.R.C.P. Examination, I shall be saying what a great many others feel concerning it, that it is "rather puzzling" to account for the different results I hear from all sides. That something is wrong there can be no doubt—for names posted in the first list were a great many of them wrong—for a few hours afterwards students congratulating themselves on success received notices to say that they had failed to satisfy the examiners in either this or that, or both.

This is indeed very disheartening, after months of careful study, to be no nearer than the outset of the exam. "Do you think that the new conjoined regulations have anything to do with it?" comes in from all sides, and it certainly takes up a greater part of the various discussions concerning it.

Several men are thinking of taking up the Edinburgh degree instead, myself among the number of the

"PLUCKED."

St. Bartholomew's Hospital, E.C.,
Nov. 11th, 1885.

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BUSINESS COMMUNICATIONS, Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post Office Orders are to be made payable at the Charing Cross Post-office.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

MR. SIMPSON (Clapham) is thanked for his communication.

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DUNK OR DYING.—An article on this important subject will appear next week.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. J. Milner Fothergill, London; Mr. W. H. White, Guy's Hospital; Mr. Charles Forsyth, Bradford; Dr. C. E. Armand Semple, London; Mr. Francis Simpson, Clapham; Mr. Harry Watts, London Hospital; Mr. W. Hindle, Burnley; Mr.

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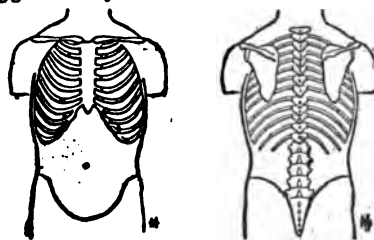
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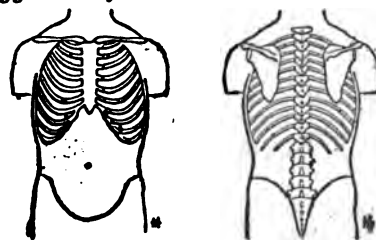
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Notes by the Way.

THE commotion in the political world seems to overshadow all other affairs just now. We are in the thick of the election fight, but as yet the claims of the bulk of the medical candidates have not been determined. On Wednesday Sir W. Guyer Hunter, M.D., Hon. Surgeon to the Queen, succeeded in winning a victory at Central Hackney, displacing Mr. Holms, a member of the late Liberal Administration. The result of the Mile End election, where Mr. Ernest Hart is a candidate, has not been published at the time I write. His return would be pretty certain were it not that he is opposed by another Liberal candidate, and the division thus created among his party may result in the return of a Conservative. As it is now certain that the Radical element will be very weak in the new Parliament, I should like to see Mr. Hart in the House, for he would doubtless make his voice heard on many matters connected with medicine which urgently require the attention of the Legislature.

LORD RANDOLPH CHURCHILL announced to the electors of Birmingham a few days ago that the Queen had been pleased to confer upon Dr. James Sawyer, Senior Physician to Queen's Hospital, Birmingham, and Professor of Materia Medica and Therapeutics in the College, the honour of knighthood. Dr. Sawyer is to be congratulated on his new honours, which are well deserved, but the time for recognising his merits strikes me as somewhat inopportune. Announced as it was on the eve of the election, it looks very much like a Conservative bid for medical support at the polling booths.

I AM pleased to see that Mr. Jonathan Hutchinson, of the London Hospital, is taking the lead at the Council meetings of the Royal College of Surgeons of England in advocating alterations relating to admission to Fellowship of the College, so as to widen the basis on which it is obtained, and that he is seconded by Mr. Bryant, Surgeon to Guy's Hospital. A cause which is championed by two such powerful advocates is pretty certain to succeed, even in such a Conservative body as the Council of the College of Surgeons. Both students and members of the College will look for the publication of the proposed new regulations with much interest.

IN most cases of natural phenomena in the human subject, a highly distressing feature is deformity of face or limb, but, happily, no disfigurement or distortion in the case of the two young persons, who are at present to be seen at the Westminster Aquarium, either pains the beholder or embitters the life of the subjects. The student of natural abnormalities will, doubtless, remember the case of Maria Herig, recorded by Buffon, and other similar in-

stances of an unusual development of hair or fur in the human form. In the present instances of *Senorita Anita*, a native of Paraguay, aged 18, and her young brother, only six years old, beauty of face and symmetry of form are developed to the highest degree, and, happily, unmarred by the development of a phenomenal quantity of fur over the body, especially on the back, where it resembles the finer form of animal fur; while on other parts, it assumes the form of small round patches, or maculæ. As may naturally be expected, it assumes a darker and closer form in the male subject, which has earned him the *soubriquet* of the "Bear Boy," while his sister, *Senorita Anita*, has been designated by her friends the "Tiger Lady." As in the case of *Maria Herig*, to which reference has been made, there is no family history whatever of such phenomena being developed in either of their parents or their respective families; while the fact of their speaking more than one language with ease and fluency, shews them to be, happily, free from that depression of intellect, too frequently found among those unfortunate enough to be abnormally formed or distinguished. These interesting young people will shortly proceed from London to the principal Continental cities. I would, therefore, recommend the student of natural phenomena to visit them without delay.

I REGRET to learn that at the Dublin Criminal Court, a few days ago, William Johnston, undergraduate of Trinity College, and a medical student, was charged with burglariously entering a jewellery establishment in Nassau Street, and stealing over £1,000 worth of jewellery. The shop is owned by a Mr. Johnston, said to be a relative of the prisoner, who was interrupted while he was carrying away the property in a Gladstone bag, and caught hiding in a coal cellar. He had a most elaborate burglar's outfit. The prisoner was remanded for further evidence.

THE following story, which I cut from the *New York Herald*, of October 26th, has an apparent air of truth about it. If true it would appear to point to extremely bad times in the States:—"Professor James Walsh stood in the dissecting room of the New York University Medical College one afternoon last week, with his large blue apron on and his syringe in his hand, busily engaged in preparing some bodies or cadavers for dissection. It was an unusually busy day, and his face wore an anxious and tired look. He had just placed the last cadaver on the slab, and was preparing to go home, when a messenger arrived and announced that a lady wished to see him. The Professor at once ordered that she be admitted. As this is a most unusual request on the part of a lady, and as the Professor did not know of any female acquaintances who would be particularly anxious to see him in the dissecting room, his curiosity was aroused to learn the cause of this lady's visit. He did not wait long, however, for after the lapse of half a minute or so a tall angular woman, past middle life, with a Teutonic cast of countenance and an unmistakable accent, made her

appearance. The Professor, who is of small stature, looked up inquiringly into the face of the tall stranger and eagerly sought the object of her visit. 'You are the superintendent here?' she asked, and without waiting for an answer added, 'I have a body at home I wish to dispose of, and I am told you buy such things here.' This was at once in the line of the Professor's business, and he eagerly caught at the opportunity. 'Yes, we buy bodies here,' he said, 'but they must be of the right kind—no mutilation, no infection; nothing of that sort you know.' 'Oh,' she replied, 'this body is all right, and I will be responsible for it. You see my children are hungry and it will not do to starve while one can get bread. I do hate to see them dying before my very eyes, while I am able to give them no help.' 'Perhaps, then, it is the body of one of your children you are going to sell,' interposed Professor Walsh. 'In that case it would be of no use to us, as we require adults alone.' 'On that score you may rest easy. It is not my children's body, but my own, for I can get bread now no other way, and you can have it as soon as I receive the money, for I can die easy when I know the little ones have had something to eat.' The Professor, who is of a kindly disposition, looked up into the face of the distracted mother and at a glance saw that picture of earnestness and truth forcibly depicted thereon, that went down into the very depths of his heart, and he drew from his pocket a five dollar bill and placed it in the hands of the poor demented creature. Tears welled up into her eyes and she thanked the generous donor in terms of the deepest gratitude. 'I have known a woman in London sell the dead body of her husband, but that was to get drink for herself not bread for her children.'

THE Royal Humane Society has recognised the gallant and successful efforts of Mr. Wellcome, the English representative of the well-known New York firm, Burroughs, Wellcome, and Co., in rescuing a lady from drowning in Boulter's Lock, on the Thames, as reported in the HOSPITAL GAZETTE a few weeks ago, by awarding him the Society's Medal. It is satisfactory to find the Humane Society does not allow the nationality of a person to stand in the way of their prompt recognition of acts of bravery.

THE noble position to which the possession of a medical diploma raises one in Scotland, is beautifully and forcibly illustrated by the following advertisement, which appeared in the *Glasgow Herald* recently: "Medical—Address Wanted of Medical Man, willing to Advise Druggist in Difficult Cases, and grant Certificates; district west of Kelvin. State terms per consultation.—5253, Herald Office." Medicine must be in a bad way in Scotland if men holding medical qualifications can be found willing to "grant certificates," &c., to druggists who practise medicine, instead of attending to their legitimate business. To publish such an advertisement is to insult the profession.

PERIPATETICUS.

Original Papers.

MATRICULATION CHEMISTRY.

By A. C. MAYBURY, D.Sc.Lond., M.R.C.S., &c.
(Continued from page 384.)

NITROGEN AND OXYGEN.

256. Five compounds of nitrogen and oxygen are known (§22), three of which form acids. They are:—

Oxides.	Acids.
1. Nitrous oxide or nitrogen mon-oxide	N ₂ O. Hyponitrous acid, HNO.
2. Nitric oxide, or nitrogen dioxide	
3. Nitrogen trioxide	N ₂ O ₃ . Nitrous acid, HNO ₂ .
4. Nitrogen peroxide, or nitrogen tetroxide	
5. Nitric anhydride, or nitrogen pent-oxide	N ₂ O ₅ . Nitric acid, HNO ₃ .

XLIV.—NITRIC ACID (HYDRIC NITRATE, HYDROGEN NITRATE, AQUA FORTIS), HNO₃.

Molecular Weight = 63, Vapour density = 31.5.
Molecular volume [] [] []. 1 litre of vapour weighs 31.5 griths.

257. Distribution.—Nitric acid is found free in small quantities in the atmosphere, especially after thunderstorms, it is formed synthetically by lightning:



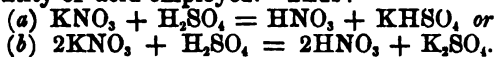
In combination it occurs as nitrates of sodium and potassium.* The explanation of their formation is as follows. Organic matter,† by its decay gives rise to ammonia (NH₃); this, by oxidation is converted into water and nitrous acid (HNO₂) which is still further oxidised to nitric acid (HNO₃). This combines with potassium contained in compounds present in the soil. Nitre is thus formed and passes up to the surface by capillary attraction, where it appears as an efflorescence. The action is especially noticeable in hot countries, like India, where the production is rapid, and where organic matter and potash are abundant in the surface soil. The formation of cubic nitre or sodium nitrate, large deposits of which occur in Chili, is essentially the same; the nitric acid formed has decomposed sodium chloride, hence the reason that cubic nitre is apt to contain sodium chloride. The slow oxidation of nitrogenous organic matter in presence of powerful bases gives rise to nitrates, and the elements of the air may unite directly, forming nitrates in the soil, wherever alkaline bases are present (Cloeze).

258. Preparation.—1. Nitric acid, as above stated, may be prepared by passing electric sparks through a mixture of oxygen and nitrogen, in presence of moisture. Traces are also produced at the anode when water containing air is electrolyzed (Davy).

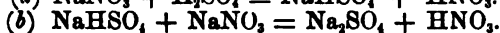
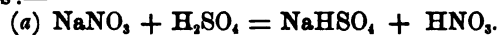
2. It is usually got by heating strong sulphuric acid and potassium or sodium nitrate in a glass retort. Nitric acid is liberated, and distils over, a

* Calcium nitrate, Ca(NO₃)₂, is often found as an efflorescence on the walls of old buildings. It is formed in a similar manner to nitre.
† Urea (COH₄N₂) (from urine) is the chief source of ammonia.

sulphate of the alkali being left behind, which is either the acid or the neutral salt, according to the quantity of acid employed. Thus:—



In the manufacture of nitric acid on the *large scale** sodium nitrate is employed because it is cheaper, and because, a given weight will yield more acid than the same weight of nitre, 85 parts by weight of sodium nitrate yielding the same amount of acid as 101.1 parts of nitre. Two molecules of sodium nitrate are used, and we get acid sodium sulphate and nitric acid. The acid sulphate and more sodium nitrate then react on one another, nitric acid passing over, while normal sodium sulphate remains in the retorts:—



Or the changes may be expressed by one equation as in the action of sulphuric acid on nitre, as given above. By whatever method prepared, nitric acid distils over, and should be collected in a cooled receiver. In the distillation, partial decomposition occurs; hence the red fumes formed by lower oxides of nitrogen.

259.—*Impurities*.—As ordinarily prepared, the acid contains nitrogen peroxide and water from the decomposition of nitric acid. To purify it, the acid should be redistilled with an equal volume of strong sulphuric acid, and then gently warmed, and a current of air passed through the acid till cold,† whereby the last traces of nitrogen peroxide are removed, the acid of the B.P. may contain traces of mineral matter and hydrochloric and sulphuric acids.

The commercial acid is coloured red, and contains chlorine, and occasionally iodine as iodic acid. Nitrogen peroxide is present, as well as oxide of iron, sulphuric acid and sodium sulphate carried over mechanically. The commercial acid may be purified by distilling it in glass retorts. Chlorine and nitrogen peroxide come over in the first portion of the distillate. When chlorine ceases to come off the distillate is passed into a fresh receiver. The slight residue, which should be left in the retort, contains sulphuric acid, sodium sulphate, iodic acid, and iron.

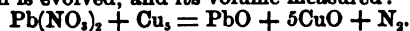
260. *Properties*.—Nitric acid, when pure, is a colourless, highly corrosive liquid, with characteristic odour. It fumes in contact with air from absorbing moisture. It stains the skin, nails, silk, and other organic bodies, yellow from the formation of *picric acid* ($\text{C}_6\text{H}_3(\text{NO}_2)_3$). Its specific gravity is 1.52. Ordinary nitric acid has usually a yellowish tinge, due to the presence of lower oxides of nitrogen, produced by the action of sunlight on the colourless acid. These oxides may be got rid of by passing through the acid a current of air. Strong nitric acid boils with partial decomposition at 86°C . becoming of a dark yellow colour, nitrogen tetroxide,

oxygen and water being produced. The distillate consists of an acid of specific gravity 1.42.* The strong acid of the B.P. has a sp. gr. of 1.42, because a stronger acid than this is unstable, and is readily decomposed by light. At a temperature of 260°C . nitric acid splits up into oxygen, nitrogen tetroxide, and water:



Nitric acid is a great oxidising agent. All the metalloids except oxygen, bromine, iodine, chlorine, and nitrogen decompose it, abstracting part of its oxygen. Phosphorus it converts into *phosphoric acid*, carbon into *carbonic acid*, and sulphur into *sulphurous acid*. *Protosalts* it converts into *persalts*, thus *ferrous sulphate* (FeSO_4) becomes *ferric sulphate* ($\text{Fe}_2(\text{SO}_4)_3$), when heated with the acid. It turns arsenites into arseniates, sulphurous acid into sulphuric, and sulphuretted hydrogen into water and sulphur. It attacks most metals, forming *nitrates*, with liberation of lower oxides of nitrogen. Its action on silver, mercury, bismuth, iron, copper, and zinc will be subsequently explained. It oxidises all the ordinary metals except gold, platinum, and aluminium. Tin and antimony, when heated with the moderately strong acid, are converted into insoluble *stannic* and *antimonic* acids respectively.

261. *Composition*†.—The exact composition of nitric acid may be deduced from that of lead nitrate. If a known weight of this salt is strongly heated, lead oxide is left behind, and from its weight that of the lead contained in the nitrate is got. Again a given weight of the salt is heated in a tube with copper turnings, when nitrogen is evolved, and its volume measured:



If from the weight of lead nitrate we deduct that of lead and nitrogen—easily deduced from the volume (§ 34)—that of oxygen is ascertained. Lastly, a known weight of nitric acid is converted into lead nitrate by heating it with lead oxide. From the weight of the lead nitrate we obtain that of nitrogen and of oxygen contained in the salt, i.e., in the nitric acid employed. On subtracting the joint weight of the two gases from the weight of nitric acid, we get, by difference, the weight of hydrogen. The result of these experiments gives us for nitric acid the formula HNO_3 .

262. *Tests*.—1. As the salts of nitric acid are all soluble in water, neither its presence nor proportion can be ascertained by precipitation. When free, nitric acid, if not too dilute, (a) gives, with copper, red fumes of nitrogen peroxide, as will be explained under nitric oxide.‡ (§ 275) (b.) When mixed with gold leaf and boiling hydrochloric acid, the metal is dissolved as trichloride, AuCl_3 . This effect is also produced by hydrochloric acid in solutions of

* This acid, according to Millon, contains 70 per cent. of HNO_3 , boils at 123°C , and has the composition of $2\text{HNO}_3 \cdot 3\text{H}_2\text{O}$. According to Roscoe, it contains 68 per cent. of HNO_3 , has a sp. gr. of 1.414, boils, at normal atmospheric pressure, at 120.5°C , and is not a definite hydrate. If this acid be distilled under varying pressure, the composition of the residual acid undergoes change, and for each pressure there is a definite boiling point. If, at ordinary pressure, a dilute acid is heated, a weaker acid first distils off. If the acid is more concentrated, a stronger acid comes off, till ultimately this acid of constant composition (sp. gr. 1.414) is reached.

† Nitric acid, mentioned in the *De Inventione Veritatis* of Geber, in the eighth century, was proved by Lavoisier, in 1776, to contain oxygen. Priestley observed that when electric sparks were passed through common air, in contact with solution of litmus, the air was diminished in volume, and the litmus was reddened. Cavendish substituted lime water, and potash for the litmus solution, and repeated the experiment, and concluded that a salt was formed by the combination of an acid with the bases. This view he confirmed by passing electric sparks through a mixture of pure oxygen and nitrogen over caustic potash, the result being the formation of nitre.

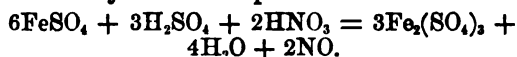
‡ This test may fail in presence of an alkaline chloride.

* The operation is conducted in cast-iron retorts, lined with fire clay on the inside of the upper part to protect them from the action of the acid vapor that comes off. One molecule of H_2SO_4 , and two of sodium nitrate are taken. Using these proportions, a higher temperature is required to expel the last portion of nitric acid, which also becomes decomposed in part into nitrogen peroxide and water. The residue in the retort is less soluble in water, and more difficult of removal than when a larger proportion of sulphuric acid is used. Some acid sodium sulphate is in this case formed, which lowers the melting point of the residual mass, which can therefore be removed from the retorts in a fused state.

† Lower oxides of nitrogen may also be removed by diluting the acid till its sp. gr. does not exceed 1.42 and then distilling with 8 per cent. of potassium bichromate.

chlorates, bromates, and iodates (§141). (c.) It discharges the colour of a solution of indigo in sulphuric acid when gently heated. *Chlorine acts in a similar manner.* (d.) Brucia, an organic base, associated with strychnia in *nux vomica*, gives a *permanent blood red colour* with strong nitric acid. Morphia, with the concentrated acid gives an *orange-red colour, which soon fades.* (e.) When neutralized with *potash*, the acid gives *rhombic prisms, longitudinally striated, of nitre*, and when *soda* is used, *rhombohedra of cubic nitre* are formed. (f.) Aniline (C_6H_5N) gives, with nitric acid, a *red colour*. This, and the brucia test, are very delicate.

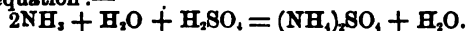
2. If the acid is *combined*, it should first be liberated by means of sulphuric acid before applying the above tests. The test usually employed for the detection of nitric acid, whether free or combined, is the following:—To the solution add strong sulphuric acid, pouring it gently into the test tube, so that it may sink through the solution to be tested. We thus get two layers. The object of adding sulphuric acid is to liberate the nitric acid in case it should be in combination. A few crystals of ferrous sulphate are now added; they float on the sulphuric acid, or slowly sink through it, giving rise to a brown band at the junction of the two liquids. This brown band is characteristic of sulphuric acid. The explanation is this: Nitric acid partially converts ferrous sulphate ($FeSO_4$) into ferric sulphate ($Fe_2(SO_4)_3$). In the process nitric oxide (NO) is produced. The brown band is a combination of the gas with ferrous sulphate (§274). The reaction may be thus expressed:—



263. *Quantitative Analysis.*—The amount of nitric acid in solution may be ascertained in a variety of ways:—

(a) Volumetrically, by ascertaining the quantity of a standard solution of soda it will neutralize (§204, 6).

(b) *Harcourt's method.*—The nitrate, water, zinc and excess of potash are heated together. Hydrogen is evolved from the action of the potash on the zinc (§40, 6), and being nascent, converts the nitrogen of the nitrate into ammonia. This method does not give rise to the decomposition of all the nitrate, but if a second metal, as iron, which is unacted on by potash, be introduced, a galvanic action takes place, and hydrogen is set free even in the cold, and ammonia is immediately evolved on the addition of the nitrate. The ammonia is passed into a standard solution of sulphuric acid. The addition of a standard solution of potash will give us the amount of acid unneutralized by the ammonia. Knowing the amount of sulphuric acid required to form a neutral solution, the amount of ammonia is easily deduced from the equation:—



The presence of potassic sulphate, or sodium chloride, does not interfere with the result.*

264. *Nitrates.*—Nitric acid is monobasic, and forms, therefore, only normal salts, called *nitrates*. They may be prepared by the action of nitric acid on *metals, metallic oxides, or their carbonates*. When nitric acid acts on a metal, the metal is oxidized at the expense of the nitric acid, water is formed and an oxide of nitrogen—and sometimes nitrogen and

ammonia according to the concentration of the acid and the temperature—is evolved.

The nitrates of the alkalis, silver, barium and lead are anhydrous. Many contain water of crystallization. Calcium nitrate has four molecules of water; strontium nitrate, five. The salts of magnesia, manganese and zinc have six molecules of water. Copper nitrate usually contains three molecules, but in all salts the amount of water of crystallization is regulated by the temperature at which the crystals are formed (§ 112).

All the normal nitrates are soluble in water.*

Most nitrates fuse when heated, and at a higher temperature leave a residue of (a) a *metallic oxide*, as nitrates of barium and strontium (b) a *metal*, as nitrates of silver and mercury; or (c) a *nitrite*. Thus, the nitrates of potassium and sodium at a *red heat* are converted into *nitrites*.

The nitrates, when heated on charcoal, deflagrate. If paper is moistened with a solution of a nitrate it burns, when dry, with a smouldering action. Salts of some other acids, as chromic acid, act similarly.

265. *Uses.*—Nitric acid, both concentrated and dilute, is used for a variety of purposes. It is a solvent of many metals, and may hence be used for determining the amount of gold and silver in an alloy of these metals, the former being unacted on, while the latter is dissolved out. Large quantities are employed in the manufacture of nitroglycerine, gun cotton, oxalic acid, sulphuric acid, silver nitrate, colours from coal-tar, &c. It is also used in the etching of copper. In medicine the strong acid is employed as an *escharotic*. When diluted it is a *tonic*, and *antilitic* as regards certain calculi. It is also a test for albumen in urine, with which it forms a white coagulum.

(To be continued.)

AIDS TO OPHTHALMOLOGY.

By C. FRED. POLLOCK, M.D., F.R.C.S.E., Ophthalmic Surgeon, Anderson's College Dispensary, Glasgow. Formerly Assistant Physician, City of Glasgow Fever Hospital, Belvidere; Demonstrator of Histology, Glasgow University.

(Continued from page 347.)

ORBIT.

Orbital Abscess and Cellulitis.

May be acute or chronic, or with Periostitis.

Symptoms; eyeball protruded, displaced, fixed; chemosis, lids swollen and red; acute pain, tenderness.

Treatment; open through skin or conjunctiva.

Lachrymal Gland affected.

1. Abscess; as orbital abscess.

2. Enlarged; chronic inflammation; tumour, simple or malignant.

3. Dacryops; distension of duct beneath conjunctiva. Treatment; puncture.

Dermoid Cyst.

Symptoms; congenital tumour, usually near outer part of eyebrow, freely movable, tense.

Treatment; excision.

Tumours.

These cause prominence of eyeball (Proptosis, Exophthalmos).

* Some basic salts as those of bismuth ($BiO_3 \cdot NO_3$) Copper [$(CuO \cdot H_2O)_2 \cdot Cu(NO_3)_2$] and lead [$PbOH_2 \cdot G \cdot Pb(NO_3)_2$] are insoluble. The diphenyl salt comes down as a white deposit on adding a solution of subacetate of lead to a soluble nitrate.

* For the estimation of nitric acid in other than alkaline salts it is often advisable to separate the metal before applying the above test.

The following occur; Sarcoma, Carcinoma, Fibroma, Lipoma, Exostosis, Hydatid Cyst, Vascular and pulsating, viz., False Aneurism, Venous Dilatation, Erectile tissue.

Distension of Frontal Sinus.

Symptoms; there is usually history of injury; tumour at upper and inner corner of orbit; very chronic; suppuration may occur.

Treatment; open freely, perforate through to nostril, drain through this.

Emphysema.

Symptoms; injury; swelling increasing on blowing nose, crackling on palpation.

Treatment; pressure with bandage.

Exophthalmic Goitre.

Eyes prominent; enlarged thyroid gland; palpitation.

OCULAR MUSCLES.

Strabismus. (Squint.)

Eyes directed to different points.

1. *Concomitant.*

Due to excessive action of one muscle or insufficiency of its antagonist.

It may be

- Alternating; either eye fixes object indifferently.
- Periodic; generally unilateral, both eyes used only with effort.
- Permanent; unilateral, one eye with amblyopia.
- Latent; both eyes used with effort to prevent diplopia, ground glass covering one eye makes squint manifest.

Causes; H, M.

Symptoms; movement of eyes not limited in any direction; diplopia usually absent; if present, it is the same in all parts of the field; no inclination of the head; secondary squint equals primary.

(a.) *Convergent.*

Cause; H. causing excessive demand on accommodation with associated over-action of Internal Rectus for associated convergence.

Treatment; Periodic; try glasses for total H. Permanent; try glasses for total H., with daily practice of each eye alone. Tenotomy of Internal Rectus. Advancement of External Rectus.

(b.) *Divergent.*

Cause; M. causing deficient demand on accommodation with weak Internal Rectus.

Treatment; correct M. Tenotomy of External Rectus. Advancement of Internal Rectus.

2. *Paralytic (Ocular Paralysis.)*

Due to inaction of affected muscle.

Causes; Cerebral disease, Orbital disease or injury, Rheumatism, Syphilis, Locomotor Ataxia.

Symptoms; diplopia, distance between images increases as object is moved towards false image, and vice versa; movement of eye impaired in direction of paralysed muscle; incli-

nation of head to paralysed side frequent secondary squint exceeds primary.

(a.) Complete; squint obvious.

(b.) Incomplete, (Paresis); giddiness, squint may be very slight.

Detect presence in doubtful case by diplopia;

1. Patient with one eye covered can touch object in front, e.g., pencil, flame, = true projection; cannot touch it, with other eye covered, = false projection.

2. Red glass before one eye = two pencils or flames seen, one red, one not.

Determine affected eye as above by

1. False projection indicates eye.

2. Image furthest from centre of field = false image. This may be on same side as affected eye = "homonymous," or on opposite side = "crossed."

Determine muscle from position of false image. This is always in opposite direction to the deviation of the eye, and in same direction as normal action of muscle.

Paralysis of	Muscle.	Images.	False Image
VI nerve	Ext. Rec.	homonymous	outwards, vertical.
IV "	Sup. Obl.	"	" and downwards, sloping.
III "	Inf. Obl.	"	" and upwards, "
	Int. Rect.	crossed	inwards, vertical.
	Inf. Rect.	"	" and downwards, sloping.
	Sup. Rect.	"	" and upwards, "

In paralysis of all the branches of the III nerve there are impaired movements except outwards, ptosis, divergent strabismus, crossed diplopia, pupil partly dilated, accommodation lost, and slight proptosis.

Treatment;

Treat cause.

Electricity. Tonics. Cover affected eye, e.g., shade or ground glass. After 6 months; Tenotomy, Advancement.

Ptosis.

Drooping of upper lid.

Occurs congenitally, after injury, or in paralysis of III nerve.

Nystagmus.

Oscillating movements of eyeballs.

As a rule, congenital or infantile, with other defects of eyes; may be acquired, e.g. miners; sometimes in disease of nerve centres.

YELEIDS.

Blepharitis. (Ophthalmia Tarsi, Tinea Tarsi, Sycosis tarsi.)

Inflammation of edge of lids; varies much in severity; generally in childhood.

Causes; scrofula, bad hygiene, measles, errors of refraction, bad light.

Symptoms; redness, sticky exudation, crusts; pustules, ulcers; thickening; lashes wanting; smarting, burning.

Treatment; remove crusts with warm soda lotion; epilation; yellow ointment; solid nit. of silver; ol. cadini applied to skin with dry brush. For eversion, slit open canaliculus. Tonics. Treat cause.

Stye. (Hordeolum.)

Causes; over-use of eyes, cold wind, weak health.

ant-Physician. Applications by December 7th.—Dental Hospital of London, Leicester Square. Two Assistant Anaesthetists. Applications by December 14th.—St. Mary's Hospital Medical School. Demonstrator of Chemistry. Salary, £100 per annum. Applications to G. P. Field, Dean.—St. Marylebone General Dispensary. Resident Medical Officer. Salary, £105 per annum. Applications by November 30th.—Torbay Hospital and Provident Dispensary, Torquay. Junior House-Surgeon and Dispenser. Salary, £90 per annum. Applications by January 1st, 1886.—Victoria Hospital for Children, Queen's Road, Chelsea, S.W. Registrar. Salary, £63 per annum. Applications by December 7th.—Victoria Hospital for Children, Queen's Road, Chelsea, S.W. House-Surgeon. Salary, £50 per annum. Applications by December 7th.—Wandsworth and Clapham Union. Assistant Medical Officer for the Infirmary and Workhouse. Salary, £120 per annum. Applications by November 30th.—Western General Dispensary, Marylebone Road. Ophthalmic Surgeon. Applications by December 7th.—Whitechapel Union. Assistant Medical Officer of the Infirmary. Salary, £150 per annum. Applications by December 7th.

APPOINTMENTS.—Vincent D. Harris, M.D.Lond., F.R.C.P., Assistant-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park. John R. Kemp, L.R.C.P., M.R.C.S., Assistant-Surgeon to the Central London Ophthalmic Hospital. Sidney Cameron Lawrence, L.R.C.P.Lond., M.R.C.S., Resident Surgeon to the Birmingham General Dispensary. German Sims Woodhead, M.D., F.R.C.P.Ed., Pathologist to the Royal Infirmary, Edinburgh.

Examination Questions.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

FIRST EXAMINATION FOR THE DIPLOMA OF FELLOW, HELD ON NOVEMBER 20TH, 1885.

Anatomy.—1. Give an account of the course and relations of the right and left innominate veins. Trace the course of their tributaries (omitting the internal jugular and subclavian), and state briefly how the innominates are developed. 2. Describe the mechanism of the movements which take place at the knee-joint, and name the structures by which each movement is limited. 3. Describe the triangular ligament of the urethra, giving its formation, position, and relations. Point out its differences in the two sexes. 4. Describe the dissection necessary to expose the posterior interosseous nerve in the whole of its course. (At least three of the four questions must be answered.)

Physiology.—1. Describe the development of the cerebral hemispheres and their convolutions. Discuss the right of the corpora striata to be regarded as basal ganglia. 2. Describe the structure, arrangement, and distribution of muscular fibre in the blood-vessels. Contrast the characters of its contraction with that of other muscle. Mention evidence indicating that muscular tissue may act without the intervention of nervous influence. 3. Describe the structure of a lobule of the mammary gland, and the microscopic characters of its cells during secretion. Enumerate the fats found in the body, and give evidence of their formation from proteid food. 4. Analyse a radial pulse-tracing. How are its characters altered by variations of blood-pressure? Explain the mechanism of these changes. (At least three of the four questions must be answered.)

Notices of Books.

GARROD'S MATERIA MEDICA.*

The publication of the new British Pharmacopoeia has rendered obsolete all the usual text books of *Materia Medica* and *Therapeutics*, and consequently new editions are de-

* The Essentials of *Materia Medica* and *Therapeutics*, by Alfred Baring Garrod, M.D., F.R.S., F.R.C.P., Consulting Physician to King's College Hospital, &c. Eleventh edition. Revised and edited under the supervision of the author by Nestor Tirard, M.D. Lond., M.R.C.P., Professor of *Materia Medica* and *Therapeutics* at King's College, &c. London: Longmans, Green and Co.

manded. Several have already appeared, some of which have already been noticed in our columns. To-day it is our pleasing duty to direct the attention of our readers to the issue of a new edition—the eleventh—of Garrod's "*Materia Medica*," a work which has justly occupied a foremost position among students' text-books from a time which dates almost beyond our recollection, and which we have no doubt will retain its popularity with students for many a year to come; indeed, it cannot fail to do so as long as future editions are so well edited as the present one.

Of necessity the greater portion of the present edition has had to be re-written, and large additions have been introduced, in order to bring it into accordance with the *Pharmacopoeia* of 1885, but this has been done without in any way altering the character of the work, or materially increasing its size. This has been effected by numerous excisions of articles on drugs, which no longer occupy a place among official preparations, and by the use of smaller type in some portions of the work. In this way the work is rendered of greater value to the student, who scarcely requires to burden his mind with facts relating to unofficial drugs and remedies until after he has passed his examinations.

The author has been ably assisted in the preparation of the present edition by Dr. Tirard, Professor of *Materia Medica* and *Therapeutics* at King's College, who has thoroughly revised the chemistry of the work, and whose pen has undoubtedly been busily employed in re-writing the most valuable therapeutical section, and in other parts of the work.

BAILEY'S PHYSICIAN'S PHARMACOPOEIA.*

The author of this little work is a chemist, or rather, according to modern nomenclature, a pharmacist, in business at Cliftonville, who has, with praiseworthy intentions, come to the assistance of the profession in enlightening them as to the composition and method of preparation of many remedies largely used in medicine, but which are not strictly official. The author states that his belief is that the work "will prove a boon to the physician in the matter of prescribing, and particularly so in furnishing him with (in a readily available form) data and suggestions as to the best and most reliable combinations of drugs and chemicals." The author also gives details of a technical character, which will be of considerable assistance to the physician in enabling him to prescribe nauseous and irritant drugs in an agreeable and palatable form, without impairing their efficiency. This knowledge is much needed by many prescribers, and Mr. Bailey's suggestions in this direction, many of them valuable ones, will be much appreciated. The value of the work to the profession might, we would suggest, be much increased if the author were to obtain the assistance of some competent medical authority, to give trustworthy information as to the therapeutical uses of the various combinations of drugs included in the volume.

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BUSINESS COMMUNICATIONS, Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tindall, and Cox, to whom Post Office Orders are to be made payable at the Charing Cross Post-office.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

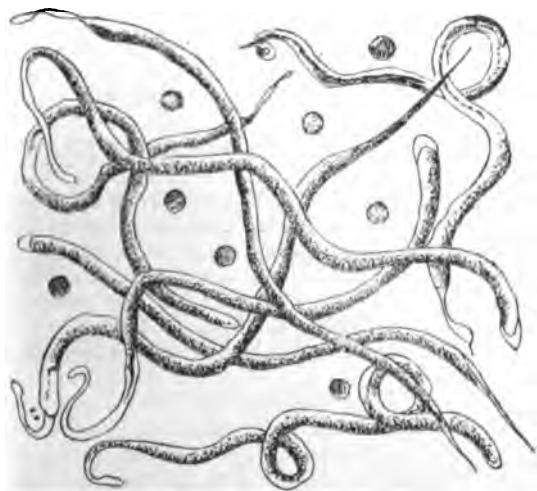
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THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

ERRATUM.—In our last issue, on page 386, for "Mission House," read "Nursing Home."

* A Physician's Pharmacopoeia, containing formulæ of an official preparation, &c., by J. Bailey, Pharmacist, Margate. London: J. & A. Churchill, New Burlington Street.

at Guadaloupe, Spencer Cobbold at Natal, and Lewis in connection with elephantiasis arabum—but the theory of the nocturnal transmigrations and transmigrations of this parasite between the arteries and lymphatics belongs to a region of physiological theory that must be accepted with considerable reluctance. But apart from any discussion that has arisen, or may arise, on this point of transmigration, the fact remains that the presence of a parasite of this class is associated with the various pathological conditions previously referred to; at the same time I am not prepared to admit, from repeated observations, that there is a zoological entirety in the so-called "*filaria sanguinis hominis*," but that the embryo condition of many forms of filariæ may give rise to analogous diseases. But to form a precis of question of pathological cause and effect we have the authority of Patrick Manson, in 1875, who demonstrated the presence of this parasite, both in the blood and diseased tissues in elephantiasis, and who formulated the theory that they were introduced by

FIG. 22.—*Filaria sanguinis hominis*.

Mosquitos' bites, a theory which would entail a considerable amount of apprehension to those who reside in the tropics. Mosquitos are plentiful in Nova Scotia and Canada, during the summer, but elephantiasis does not occur. Bancroft, Lewis and S. Anango, of Bahia, have found it in its adult state, the first in a lymphatic abscess of the arm, the second in a blood clot of a scrotal elephantiasis. In 1880 Venturini found them in a case of hemato-chyluria; subsequently, in 1882, Damaschino demonstrated it in the blood of a patient which he had extracted during the night.

We are therefore led to admit that the presence of this entozoon is the cause of morbid condition which must be classed under parasitic diseases.

(c) The *filaria loa* is a nematoid which is occasionally found in the conjunctiva, especially in negroes.

(d) Pane described, in 1864, a *filaria labialis*, which he had extracted from a pustule situated on the lip; it measured about 34 m.m. in length.

(To be continued.)

NOTICES.

We desire to give notice that subscriptions will not be received for less than one year at the published price, six shillings. Those who wish the GAZETTE forwarded by post for a less period than twelve months must remit the full price at 2½d. per copy.

The Hospital Gazette.

SATURDAY, NOVEMBER 28, 1885.

EDITORIAL AND PERSONAL.

It is stated that Mr. George Cowell, Senior Surgeon to the Westminster Hospital, has resigned the appointment of Surgeon to the Victoria Hospital for Children, Chelsea.

THE opening lecture of the first series of the Cantor Lectures for this season was given last Monday evening at the rooms of the Society of Arts, Dr. Mann being in the chair. The course is on "The Microscope," by Mr. J. Mayall. The portion of the subject treated of was the early history of the microscope, and much interest was added to the account given by there being a collection of some 200 old microscopes shown. This collection will remain for inspection till next week, while in the library will be found a collection of modern instruments. No such opportunity of studying the history of the microscope has been offered before, the loan collection of scientific instruments at South Kensington some years ago not excepted.

THE Servian Minister has received from Belgrade an official telegram to the following effect:—"The Servian Government would thankfully receive the medical services of English surgeons and doctors. All desiring to offer their services to the Red Cross are requested to address their offer to the Chief Commissioner of the Red Cross, Colonel Dr. Sava Petrovich, Belgrade."

At a largely attended meeting of the profession held last week at the instance of the Nottingham Medico-Chirurgical Society, the following resolution was adopted, with the request that it should be signed by the President on behalf of the meeting:—"That the medical practitioners of Nottingham, being convinced that vaccination is the only security against small-pox, and that the evils incident to the operation are, as compare with the immunity against the disease which it confers, so slight as to be practically of no importance, are of opinion that the only way in which small-pox can be eradicated is by vaccination being universally adopted."

MEDICAL and surgical practitioners in Canada are favoured in having a lay press, which is always ready to record, in glowing terms, any feat out of the ordinary run. Here is a specimen of lay reporting, cut from a Canadian paper:—"Skilful surgeons successfully perform a delicate operation upon a brave man.—An operation displaying

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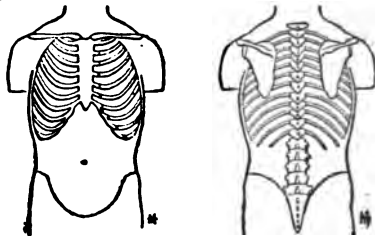
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Notes by the May.

THE past week has been rather a rough one for several members of the medical profession. I don't allude to the election contests, although some of our profession have been rather severely knocked about by the electors. Unfortunately, more than one medical man has, during the past week, had to answer very grave charges in the law courts.

THE first and most serious case is that of Mr. William Turnbull, of the Hampstead Road, who has been charged at the Marylebone Police Court with being concerned in causing the death of a barmaid named Clifford, 18 years of age, by an unlawful operation. The case looks very black against Mr. Turnbull, and he has been remanded on the charge, the magistrate refusing to allow him out on bail. At the coroner's inquest, the father of the young lady, Mr. Joseph Clifford, Sanitary Inspector of Croydon, stated that the first notice he received of anything being wrong was the following letter from Mr. Turnbull:—"146, Hampstead Road, November 21, 1885. Mr. Clifford, 91, Portland Road, Norwood Junction. I regret to inform you that your daughter died in my house on Friday last. At the instance of a friend of hers, Mrs. Barton, No. 6, Churchill Road, I was attending her as a patient. Your daughter consulted me about 14 days ago, while still in employ at the Boston Arms, and suffering from ulcerated throat and diarrhoea. Her time for leaving came about 12 days ago, when, not desiring to go home, she pressed Mrs. Barton on the subject, and eventually I received her into my house. For some time your daughter was averse to giving me your address, but at length I obtained it from her on a promise not to communicate while there was a prospect of her recovery. I did not consider her in a bad condition, or that her illness would be fatal, but congestion of the lungs supervened on typhoid, and she died before I had the opportunity to write. Awaiting your early call, I am, yours truly, William Turnbull, Surgeon." Previous to sending this letter to the father, Mr. Turnbull had gone to an undertaker and ordered a coffin to be made immediately. The undertaker remained up all night, and took the coffin to the doctor's house at five in the morning. The doctor suggested that the body should be screwed down at once, as it was in a bad state. When the father came on the scene, he suspected there was something wrong, and he determined to have the case sifted to the bottom. He first informed the police; the coroner was communicated with; a *post-mortem* examination was made by two independent medical men, who found that the deceased had recently aborted, and that death had resulted therefrom.

ALTHOUGH Mr. Turnbull's surgery is situated in the Hampstead Road, a respectable part enough, I am in a position to state that he did not hold a very high position in the estimation of his professional neighbours. For several years past he has been associated with so-called "Provident Dispensaries" in the poorest parts of North London; and, I be-

lieve, complaints have been made of his association with unqualified practitioners. Whatever the result of the case may be, I think I may safely say that he is not likely to receive much sympathy from the profession.

THE association of ideas reminds me of some queer stories I have heard of another party in North London, who is supposed to be a doctor by the outside world, but whose name is not on the *Medical Register*. I am told that this party does a large abortion business, and thrives well on it. He will do well to take a note of Mr. Turnbull's position, and think of the risks attending such cases.

ELECTIONEERING is still carried on in some parts with considerable animation, as Dr. Alfred Carpenter, of Croydon, experienced at Reigate. The doctor was the Liberal candidate for that division of Surrey, and after the polling on Tuesday evening he was leaving one of his committee rooms, when a stalwart "rough" assaulted him, rendering his silk hat like the bellows of a concertina. Besides this, he was very roughly handled, one man striking him a blow in the ribs, and another, it is said, hitting him with a dead goose. Flour-bags, red ochre, soot, rotten eggs, and dead cats were only a few of the missiles brought into play by the mob, and several Conservatives received a share of the storming process. Dr. Carpenter took it all in good part. In the morning he was unwittingly driving about with a Conservative placard on his waggonette. Dr. Carpenter is one of three members of the Council of the British Medical Association who have been seeking to enter Parliament, the other two being Mr. Ernest Hart and Dr. Foster, of Birmingham, the last-named being the only one who has been successful. Dr. Foster will enter Parliament as the Radical member for the borough of Chester.

In South London a medical man, named Henry Ryley, has had to appear before the Coroner to explain some circumstances connected with the death of his wife, whose funeral had been stopped by the Coroner's officer in consequence of allegations that the deceased had been the subject of ill-usage on the part of her husband, who had struck her on the head with a poker. Ryley admitted that he struck his wife on the head with a poker in May last, but the result of the *post mortem* examination showed that the blow had not accelerated her death, the cause of which was consumption. In his evidence, Ryley stated that he was only earning £1 per week for examining patients for "Professor Clifford," a quack doctor in Southwark, against whom proceedings are now pending in the police court. At the first hearing of the case against Clifford, Ryley stated that he received £3 a week for examining Clifford's patients. It is difficult to reconcile the two statements. Where is the Medical Council that it does not take note of these cases?

At the North Eastern Assizes, held at York last week, Mr. George Henry Heald, police surgeon of

Leeds, has just had to face a most serious charge, of indecent assault, which was made against him by a young girl who is a pupil teacher in the Leeds Board School. On the 12th of September Mr. Heald made a medical examination of the girl, during the course of which it was alleged that he had taken indecent liberties with her. For the defence it was urged that Mr. Heald merely made a medical examination of the girl, and that she had given an exaggerated account of what had taken place owing to hysteria. The jury, after a short deliberation, brought in a verdict of Not Guilty, and Mr. Heald was discharged. Mr. Heald is to be congratulated on the fortunate termination of the case. The frequency of such charges against medical men ought to serve as a caution not to make any kind of medical examination of a young female unless a third party is present, or well within earshot. The unhappy Bradley case should not be forgotten.

I UNDERSTAND that no less than four hundred guineas has been collected as a kind of solatium to Dr. Bradley, for the suffering and loss he has sustained through his conviction on the unsupported evidence of a woman. It is intended that the presentation shall be made at a special dinner to take place at Sheffield, on Friday next. I cannot commend the judgment of the Committee of the fund in making such a public display of the professional sympathy which Dr. Bradley's case has excited. To be made an exhibition of at a semi-public dinner, and to be talked at all the evening in relation with a poor hysterical woman, I should regard as anything but a pleasant diversion. Far better have sent him a cheque for the amount, and then let the whole affair drop quietly out of mind. The presentation, it is announced, will be made by Dr. Balthazar Foster, M.P., and Mr. Wheelhouse, of Leeds. Why is Mr. Lawson Tait left out in the cold? If I am correctly informed, Mr. Tait took the lead in getting up the subscription and presided at the meeting to consider what should be done for Dr. Bradley, which was held at Cardiff, when the British Medical Association met there last July, and if a public presentation is the correct thing he is the fitting person to make it. But it may be that Mr. Tait does not quite fall in with the dinner scheme.

THE case of Dr. Collie, the Medical Superintendent of the Eastern Hospitals, who is now under suspension for alleged neglect of duty, is being well championed, and I think it very probable that he will be restored to his former position. The case will be considered by the members of the Asylums Board this day (Saturday), on which occasion a deputation from the Medical Defence Association will attend to plead his cause before the managers. I sincerely hope they will succeed in convincing the Board of the injustice they are doing to one of their best officers, by keeping the resolution of suspension in force.

PERIPATICUS.

Original Papers.

MATRICULATION CHEMISTRY.

By A. C. MAYBURY, D.Sc.Lond., M.R.C.S., &c.

(Continued from page 396.)

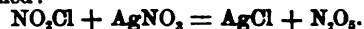
XLV.—NITROGEN PENTOXIDE (NITRIC ANHYDRIDE), N_2O_5 .

Molecular Weight = 108.

266. *Preparation*.—1. This substance was first prepared by Deville in 1849, by passing dry chlorine gas over fused silver nitrate. The reaction takes place in two stages. In the first, silver chloride, nitroxyl chloride and oxygen are formed. Thus:—



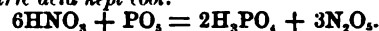
The nitroxyl chloride then attacks a second molecule of silver nitrate, silver chloride, and nitrogen pentoxide being formed:—



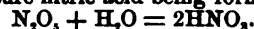
Nitrogen pentoxide distils over as a colourless vapour, and by a freezing mixture is condensed in a crystalline form.

2. Nitroxyl chloride (prepared by the action of phosphorous trichloride on silver nitrate), yields nitrogen pentoxide when passed in the dry state over dry silver nitrate.

3. When concentrated nitric acid, free from nitrous acid, and phosphorus pentoxide are gradually mixed in a beaker, immersed in ice-cold water, the latter having a strong affinity for water, abstracts it from the nitric acid forming phosphoric acid and nitrogen pentoxide, which distils over on gently heating. It may be recrystallized from strong nitric acid kept cool.



267. *Properties*.—This substance occurs in colourless prism of the rhombic system, which melt at $30^\circ C$. forming a dark yellow liquid, which decomposes at $45^\circ C$, and evolves red fumes. It is apt to explode spontaneously, even when kept at a low temperature. When heated suddenly, decomposition occurs, with formation of nitrogen peroxide and oxygen. Water unites with it with rise of temperature nitric acid being formed:—



Nitrogen pentoxide is a powerful oxidizing agent. When it comes in contact with sulphur, white fumes are produced, which condense to a white sublimate of nitrosulphonic anhydride ($S_2O_5(NO_2)_2$). The pentoxide in contact with nitric acid forms the liquid $N_2O_5 \cdot 2HNO_3$. Phosphorus, sulphur and the alkaline metals burn in the pentoxide if gently heated: carbon, however, does not.

268. *Composition* (a). The composition of this substance may be ascertained by converting a known weight of it into vapour, and passing this over copper clippings, heated to redness. The increase in weight of the copper tells us the amount of oxygen in the compound. From the volume of the nitrogen collected, the weight may be deduced. The action is $5Cu + N_2O_5 = 5CuO + N_2$.

(b) If we take a given weight of nitrogen pentoxide, say 100 parts, and add water to it, nitric acid is produced. On the addition of lead oxide, nitrate of the metal is formed. The volume of nitrogen in the compound may be ascertained, and from this the weight (5242) which is found to be 25.93 per cent. The weight of oxygen is therefore $100 - 25.93 = 74.07$. By dividing these quantities by 14 and 16 respectively, we get

$$\left(\frac{25.93}{14}\right) = 1.852 \text{ and } \left(\frac{74.07}{16}\right) = 4.629.$$

These numbers are approximately as 2 to 5, and represent the ratio of the number of atoms present in the

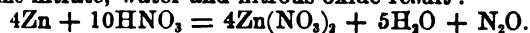
* This hydrate solidifies at $5^\circ C$, and has a sp. gr. of 1.64 at $18^\circ C$. It slowly decomposes, and rapidly on heating. It bears the same relation to nitric acid that Nordhausen sulphuric ($50H_2SO_4$) does to oil of vitriol (H_2SO_4).

compound, the formula for which is therefore NO , (§32).

XLVI.—NITROUS OXIDE* (NITROGEN MONOXIDE, LAUGHING GAS), N_2O .

Molecular Weight = 44. *Density* = 22. *Molecular Volume* $\square\square\square$. 1 litre weighs 22 criths.

269. *Preparation* 1.—By acting upon zinc with nitric acid diluted with 10 times its volume of water,† zinc nitrate, water and nitrous oxide result.—



This reaction explains why hydrogen cannot be prepared by the action of nitric acid on zinc (§ 40, 2).

Easily oxidised substances, like potassium sulphide, moist iron filings, &c., by their action on nitric acid, give rise to this gas.

2. Pure ammonium nitrate, when heated to a temperature not exceeding 250°C ., splits up into nitrous oxide and water:— $\text{NH}_4\text{NO}_3 = \text{N}_2\text{O} + 2\text{H}_2\text{O}$.

This is the usual mode of preparation, especially when the gas is required in large quantities. The flask containing the nitrate must be gently heated, and the heat withdrawn as soon as the gas begins to be evolved.

The gas may contain traces of nitric oxide, which may be got rid of by shaking it up with a solution of ferrous sulphate, when the impurity is removed, $2\text{FeSO}_4 \cdot \text{NO}$ being formed.

Commercial ammonium nitrate often contains sal ammoniac—hence chlorine and hydrochloric acid are apt to be present in the nitrous oxide. If, however, the gas be passed through a solution of potash, the halogen is removed. When the gas is to be inhaled, the absence of chlorine is of prime importance.

The apparatus required is shown in Fig. 4, page 107.

The gas may be collected over warm water, or mercury, or by displacement of air—compared with which its density is 1.527.

270. *Properties*.—Nitrous oxide is a colourless, transparent gas, with a faint agreeable odour and sweetish taste. It has no action on litmus. It is fairly soluble in water, 100 volumes taking up 130 of the gas at 0° : 78 vols. are absorbed at 10°C .. The gas has been liquefied by a pressure of 32 atmospheres at 0°C ., and also by evolving it from ammonium nitrate in a closed A tube.

It is a colourless, mobile liquid. It has a sp. gr. of .908 at 7°C ., under a pressure of 80 atmospheres. It boils at about -88°C .. It freezes nitric acid, sulphuric acid, and water instantaneously. It is the least refracting of liquids† (Faraday). By intense cold the liquid is reduced to a snow-like solid,§ and,

* This compound was discovered by Priestley in 1776; and minutely studied by Davy in 1804. He, on account of its exhilarating effects, called it *laughing gas*. Dr. Wells, of Connecticut, in 1844, discovered its anæsthetic properties.

† If the nitric acid be still more dilute, ammonia is in part formed, as previously explained—the nascent hydrogen not only depriving nitric acid of all its water, but also combining with the nitrogen. Many other metals, as tin and iron, under similar circumstances, evolve ammonia. The transformation is complete when metallic zinc and metallic iron are present with the acid in a large excess of potash. It should be recollected that, when nitric acid acts on metals, the oxide of nitrogen evolved varies not only with the metal, but also with the degree of concentration and temperature of the acid.

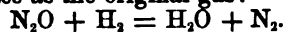
‡ If liquid nitrous oxide is passed into a test-tube, fixed in the mouth of a bottle, a portion volatilizes, producing great cold; so that, if mercury is dropped into it, it sinks to the bottom and is frozen. A piece of incandescent charcoal dropped into the tube will float on the surface of the liquid, and burn, notwithstanding the intense cold.

§ If liquid nitrous oxide is poured into carbon disulphide, and the mixture is placed under the receiver of an air-pump, the temperature falls to -140°C .. If the liquid is exposed to the cold of a bath containing ether and solid carbon dioxide (-100°C .), and the mixture be allowed to evaporate in vacuo, solidification takes place.

when allowed to escape into air from under pressure, the first portion that escapes is solidified.

By a series of electric sparks, or by transmission through a red-hot tube, 2 vols. of the gas yield 1 of oxygen and 2 of nitrogen. A coil of iron wire, rendered incandescent by the electric current, also decomposes it—giving rise to ferric oxide and its own volume of nitrogen.

When exploded with its own volume of hydrogen, water is formed, and nitrogen is left which occupies the same space as the original gas:—



2 vols. 2 vols. 2 vols.

Nitrous oxide is a supporter of combustion.* A glowing match, introduced into the gas, bursts into flame, and burns almost as brilliantly as in oxygen. Ignited carbon readily burns in the gas. Phosphorus and sodium require to be strongly heated to insure their combustion. Sodium burns readily, and the residual nitrogen is equal in volume to the original gas.

Uses.—Nitrous oxide has in many cases, especially in dentistry, superseded chloroform as an anæsthetic. When inhaled in small quantities mixed with air, it produces excitement prior to anæsthesia. Care should be taken that the gas is perfectly pure.

Hyponitrous Acid (HNO).—Nitrous oxide forms an acid which stands in the same relation to this gas that nitrous acid and nitric acids do to the trioxide and pentoxide of nitrogen respectively:—



The potassium salt of this acid is formed by digesting cold solution of potassium nitrate with sodium amalgam. Hydrogen is evolved, and the nitrate is first converted into a nitrite, and then into a hyponitrite. The entire change may be represented thus:—



The solution becomes alkaline from the formation of soda. If the solution be neutralized with acetic acid, and silver nitrate added, a yellow precipitate of silver hyponitrite (AgNO) is thrown down. If the solution of an alkaline hyponitrite is heated with acetic acid, the hyponitrous acid is resolved into nitrous oxide and water:— $2\text{HNO} = \text{N}_2\text{O} + \text{H}_2\text{O}$.

271. *Tests*.—This gas may be confounded with oxygen, but is distinguished by these characters:—

(a) They both support combustion; but phosphorus, by burning, liberates nitrogen equal in volume to the original gas. In the case of oxygen, the gas would entirely disappear when excess of phosphorus was burnt in it.

(b) Nitrous oxide does not produce red fumes with nitric oxide. Oxygen does.

(c) Potassium pyrogallate does not absorb this gas, but does oxygen.

(d) Nitrous oxide is, compared with oxygen, very soluble in water.

272. *Composition*.—To determine the composition of nitrous oxide, introduce into a hook-shaped tube, above mercury, a certain volume of the gas together with a small pellet of potassium. Apply heat to the shorter end of the tube, having previously closed with the thumb under mercury the aperture of the tube. The nitrous oxide is decomposed, its oxygen

* The combustion is due to the oxygen liberated from the nitrogen by the heat of the body introduced. If sulphur, *ex gr.*, is only just kindled, the flame is extinguished, because its temperature is not high enough to decompose the gas.

uniting with the potassium, and forming the oxide (K_2O). On removing the thumb, it will be found on cooling that there is no alteration in the original volume, and that the residual gas is nitrogen. Hence this gas contains its own volume of nitrogen. Now the density of the gas is 22. Deducting the weight of one volume of nitrogen, the weight of oxygen in the volume is $(22 - 14 =) 8$. Therefore, in a molecule (2 volumes) of the gas, there are 2 volumes of N, and 1 of O, or 28 parts by weight of N., and 16 of O. The formula for the gas is, therefore, N_2O .

273. *Uses*.—Nitrous oxide, especially in dentistry, has in many cases superseded chloroform as an anæsthesiant. Care should be taken before administration that it is free from chlorine and nitric oxide.

(To be continued.)

AIDS TO OPHTHALMOLOGY.

By C. FRED. POLLOCK, M.D., F.R.C.S.E., Ophthalmic Surgeon, Anderson's College Dispensary, Glasgow. Formerly Assistant Physician, City of Glasgow Fever Hospital, Belvidere; Demonstrator of Histology, Glasgow University.

(Continued from page 398.)

LACHRYMAL CANALS.

Epiphora. (Lachrymation, Overflow of tears.)

Causes; 1. Puncta displaced, e.g., blepharitis, ectropion.

2. Canaliculi with stricture or obstruction.

3. Nasal duct with stricture.

This may cause distension of lachrymal sac (mucocele, lachrymal tumour, dacryo-cystitis), when mucus or muco-pus can be pressed through puncta.

Treatment; slit open lower canaliculus with Weber's knife, or upon Critchett's director. Pass Bowman's probes, direction at first horizontal, then downwards and slightly outwards and backwards.

4. Lachrymal sac with abscess.

Treatment; try slitting open canaliculus. Open through skin; keep clean; boracic acid lotion. After inflammation is gone, use probes. If neglected, may end in fistula; then try plastic operation or cautery.

Treatment often unsatisfactory in third and fourth cases.

CONJUNCTIVA.

Conjunctivitis. (Ophthalmia.)

Inflammation of conjunctiva.

1. Muco-purulent. (Catarrhal).

(a.) Acute.

Causes; cold and wet, over-use of eyes, hypermetropia, great light or heat, contagion from same disease, dust or foreign body.

Symptoms; severity varies much. Symmetrical usually. Bright superficial redness, rough surface, feeling of sand in eyes, ecchymoses, discharge stringy and sticky, lids united in morning.

Treatment; warm water; zinc, silver, alum, borax. Treat cause.

(b.) After exanthemata, especially measles. As above, but chronic; may require yellow ointment, calomel, shade.

2. Purulent.

(a.) Of infants. (Ophthalmia neonatorum).

Causes; contagion from same disease, from vaginal discharge, from gonorrhoea, from muco-purulent conjunctivitis with bad health.

Symptoms; incubation 1 to 4 days. Irritation, intense redness, cedema (chemosis), ecchymosis, bleeding on touching, lids swollen, profuse discharge of pus. Great danger of corneal slough or ulcer.

Treatment; every 1 to 2 hours wash with antiseptic lotion, and use zinc, alum, silver or perchloride of mercury. Once daily for first 2 or 3 days brush palpebral conjunctiva of both lids with silver, mitigated solid or strong solution, washing off excess. Ointment to protect skin e.g., iodoform. Atropine, if cornea is affected.

(b.) Of adults. (Gonorrhoeal.)

Symptoms as above, with pricking and great pain.

Only one eye affected.

Treatment; as above; protect sound eye; constant cold or hot fomentations. Early stage, leeches to temple. Scarify conjunctiva. Divide outer canthus.

3. Granular. (Trachoma, Granular lids).

Causes; bad hygiene, contagion.

Symptoms; conjunctiva of lid with round, grey, semi-transparent elevations; rough and red; some muco-purulent discharge; gritty pain.

Very chronic; may cause pannus, corneal ulcer; produces cicatrices and entropion.

Treatment; silver, strong solution or mitigated; sulphate of copper crystal; lapis; tannin. Scarify. Hygiene.

4. Phlyctenular. (Pustular, scrofulous, strumous).

Common in children; mostly with bad health, scrofula; apt to recur; may spread to cornea.

Symptoms; pericorneal vesicles or pustules, local hyperaemia.

Treatment; calomel, yellow ointment. Tonics.

5. Membranous. (Diphtheritic, croupous).

Exudation adherent to conjunctiva.

Treatment; carbolic lotion, salicylic lotion; try cold or hot fomentations.

Spring Catarrh.

Symptoms; returns every year, disappears in winter at first; usually between 8 years and puberty; groups of little abscesses round, and involving, cornea.

Treatment; tonics.

Episcleritis.

Inflammation of tissue outside sclerotic.

Symptoms; circumscribed swelling near cornea, dusky, under conjunctiva, chronic, indolent; uneasiness, pain; may leave alate colour.

Treatment; atropine, shade, yellow ointment. Tonics.

Pinguecula; yellowish thickening of ocular conjunctiva, at inner or outer side of cornea.

Pterygium.

Symptoms; triangular reddish growth on ocular

conjunctiva, usually at inner side; apex spreads over cornea; in adults.

Treatment; transplant apex from cornea, downwards or upwards, below conjunctiva.

Burns.

There is danger of symblepharon.

Treatment; clean, drop in castor oil; cold; leeches. Watch for iritis.

Xerosis; dry and atrophied conjunctiva.

Epithelioma and Sarcoma occur.

CORNEA.

Keratitis. (*Corneitis*).

Inflammation of cornea.

1. Interstitial. (Parenchymatous, syphilitic, strumous).

Cause; most frequently inherited syphilis.

Symptoms; chronic; both eyes affected; 6 to 15 years of age; cornea hazy or opaque, with blood vessels deep (salmon patch); ciliary congestion; photophobia, pain, lachrymation, vision defective; iritis common. Relapses frequent.

Treatment; atropine, belladonna fomentations, steam, shade. Mercury, iodide of potassium, tonics.

2. Vascular. (Pannus).

Causes; trachoma, entropion.

Symptoms; cornea surface with blood vessels and opacity; photophobia, pain, lachrymation, vision defective; may ulcerate.

Treatment; treat cause. Peritomy.

3. Punctate. (Descemetitis, Aquo-capsulitis).

Causes; inflammation of iris, ciliary body, or choroid.

Symptoms; dots on posterior surface of cornea.

4. Glaucomatous.

Local symptoms; epithelium hazy, afterwards irregular; corneal opacity.

Abscess.

Causes; injury or foreign body, especially in old age; purulent conjunctivitis: bad health.

Symptoms; great congestion, severe pain, pus in cornea; may form ulcer. *Onyx* is pus in lower part of corneal substance.

Treatment; warm fomentations, atropine, eserine; cocaine, and then puncture or Saemisch's incision from behind forwards. Tonics.

Ulcer.

Causes; bad hygiene, bad health, injury, paralysis of V nerve.

Symptoms; photophobia, ciliary congestion, pain; local opacity, ulcer seen by reflected light. Progressive; grey or yellow, with halo of infiltration, sharp borders, hypopion. Healing; vessels passing from corneal margin, epithelium growing from borders.

Results; opacities; facets; perforation, iris prolapse, iris adherent (anterior synechia, leucoma adherens); anterior staphyloma; pyramidal cataract; keratocele (bulging of floor of ulcer); hypopion; fistula corneæ.

Treatment; rest, shade, bandage; warm belladonna fomentations; atropine; eserine, warm fomentations; blister on temple. Tonics.

For increasing tension, paracentesis. For indolent or healing, yellow ointment, calomel.

For severe spasm of lids, divide outer canthus. Keratocele, puncture. Perforation; cut off prolapsed iris, eserine, bandage.

1. Phlyctenular. (Pustular, Marginal keratitis).

Causes; scrofula, measles, scarlet fever.

Symptoms; in children and young adults; begins with marginal vesicles or pustules; may spread as ulcer towards centre, followed by leash of blood-vessels. Very common, apt to recur.

2. Central.

Symptoms slight; ulcer transparent or somewhat opaque. In young children usually heals rapidly; in older children often chronic.

3. Serpiginous.

Symptoms; severe, chronic; old age; frequently at margin and crescentic; progressive at one border. Danger of perforation, prolapse, iritis, panophthalmitis.

Treatment; may require Saemisch's incision across ulcer from behind forwards, or cautery.

Hypopion.

Pus in lower part of anterior chamber.

Causes; corneal ulcer, corneal abscess, iritis.

Treatment; eserine, paracentesis.

Opacities. (*Nebula, slight; leucoma, dense*).

Causes; keratitis, ulcers.

Treatment; time; calomel, yellow ointment; iridectomy behind clear part; tattoo.

Corneal Staphyloma. (*Anterior Staphyloma*).

Bulging forwards of opaque cornea.

(a.) Partial.

Treatment; iridectomy.

(b.) Total.

Treatment; enucleation.

Conical Cornea.

Symptoms; myopia, astigmatism.

Detect by profile view, corneal reflex; retinoscopy shows pupil with red centre, then dark shadow, then red margin.

Treatment; most unsatisfactory. Excise oval; trephine or tattoo, with iridectomy.

Foreign Body.

This includes white deposit of lead from lotion.

Treatment; cocaine, and then remove.

Atropine for much irritation.

Burns.

Treatment; clean, atropine.

Wounds.

Treatment; superficial, atropine. Puncture, as for perforation.

Epithelioma and Sarcoma.

Treatment; enucleation.

NOTES ON ANATOMY.

By G. M. DARTNELL, L.R.C.S., &c.

(Continued from page 359).

VASTUS INTERNUS MUSCLE.

Origin.—Lower part of the line that extends from the inner side of the neck of the femur to the linea aspera; from the whole length of the inner lip of the linea aspera and intermuscular septum. From nearly the

whole length of the internal, anterior, and external surfaces of the shaft of the femur, limited, above, by the line between the two trochanters, and extending below, to within the lower fourth of the bone.

Insertion.—Into upper part of the patella bone.

In Front.—Psoas, iliacus, rectus, sartorius, pectineus and adductor muscles, fascia lata, femoral artery and vein, long saphenous nerve.

Behind.—Femur, subcrureus muscle, synovial membrane of knee joint.

Nerve.—A branch of the anterior crural, which enters the middle of the muscle.

Action.—Extends the leg upon the thigh, and also acts upon the femur, supporting it perpendicularly upon the head of the tibia, and thus maintaining the entire weight of the body.

CRUREUS MUSCLE.

Origin.—Anterior surface of the femur; from the anterior intertrochanteric line to about four inches from the lower end of the bone.

Insertion.—Into the patella bone.

In Front.—Rectus femoris, transverse branches of external circumflex artery, branches of anterior crural nerve.

Behind.—Subcrureus muscle, femur.

Nerve.—A branch of anterior crural.

Action.—An extensor of the leg upon the thigh.

Note.—The last four muscles are called the "quadriceps extensor." The crureus is situated between the vastus externus and vastus internus, and is inseparably connected with the latter muscle. The branch of the anterior crural nerve to the vastus internus and crureus muscles enters the middle of those muscles.

SUBCRUREUS MUSCLE.

Origin.—Anterior surface of lower part of the shaft of the femur.

Insertion.—Upper part of the synovial pouch that extends upwards from the knee joint behind the patella bone.

In Front.—Crureus muscle.

Behind.—Femur.

Nerve.—A branch of anterior crural.

Action.—It supports, during the movements of the knee, the pouch of synovial membrane between the quadriceps extensor and the front of the femur.

Note.—This is a small muscle, usually distinct from the crureus, but occasionally blended with it. It sometimes consists of two separate muscular bundles.

INTERNAL (OR LONG) SAPHENOUS NERVE.

Origin.—Is the largest branch of the anterior crural nerve.

Course.—It approaches the femoral artery where this vessel passes beneath the sartorius, and lies on its outer side, beneath the aponeurotic covering, as far as the opening in the lower part of the adductor magnus muscle, when the nerve crosses the

artery to pierce the tendon and become subcutaneous on the inner side of the knee. It then leaves the artery, and descends vertically along the inner side of the knee, beneath the sartorius, piercing the deep fascia between the tendons of the sartorius and gracilis, and becomes subcutaneous. The nerve then passes along the inner side of the leg, accompanied by the internal saphenous vein, descends behind the internal border of the tibia, and, at the lower third of the leg, divides into two branches. At the inner side of the knee joint it lies in front of the saphena vein.

Branches.—Communicating—to join obturator and internal cutaneous nerves.

Cutaneous patella—to front of patella.

Cutaneous—to integument of front and inner side of leg.

Supplies.—Integument.

ADDUCTOR LONGUS MUSCLE.

Origin.—From front of pubis, at the angle of junction of the crest with the symphysis.

Insertion.—Middle third of linea aspera, between the vastus internus and the adductor magnus.

In front.—Fascia lata, and, near its insertion, the femoral artery and vein.

Behind.—Adductor brevis, adductor magnus, the anterior branches of the obturator vessels and nerve, and with the profunda artery and vein near its insertion.

Outer Side.—Pectineus muscle.

Inside.—Gracilis muscle.

Nerve.—Obturator.

Action.—Adducts the thigh; also rotates the thigh outwards. It assists in flexing the thigh on the pelvis.

HUNTER'S CANAL

Is formed by a tendinous expansion derived from the adductors longus and magnus, and the vastus internus muscles, in the middle third of the thigh.

Contents.—1 Femoral artery.

2 Anastomotica magna artery.

3 Long saphenous nerve.

4 Femoral vein.

Note.—The canal begins at the crossing of the sartorius muscle, and ends at the opening in the adductor magnus.

(To be continued.)

MEDICINE A LA MODE.—Recently we have heard from correspondents of an American lady driving in a carriage and six horses through some of our provincial towns, attracting "all and every" by the noise of her accompanying brass band, to accept her advice and medicine as from "the world-renowned American lady doctor," both of which were worth all the old-fashioned English doctors and their medicine put together. We suppose it paid—most frauds do for a time; and we suppose the next honour in store for us will be from another itinerant *soi-disant* doctor, who is now travelling America with a very lovely young woman, whom he exhibits to an admiring multitude as a fair specimen of the results of his patent medicine, which, he declares, causes the perfection of her complexion. He sells a tonic, too, to which he attributes the abundance of her hair, and drugs for the increase or reduction of flesh to her standard, according to the aspirations of his ignorant victims.—*Medical Press and Circular.*

NOTICES.

We desire to give notice that subscriptions will not be received for less than one year at the published price, six shillings. Those who wish the GAZETTE forwarded by post for a less period than twelve months must remit the full price at 2½d. per copy.

The Hospital Gazette.

SATURDAY, DECEMBER 5, 1885.

EDITORIAL AND PERSONAL.

ON Saturday last, at St. Mary's Hospital, a lecture was delivered on "The Triangular Bandage; its uses, and methods of application," by Walter Pye, Esq., F.R.C.S. (author of "Surgical Handicraft,") to members of the No. 2 Company of the Volunteer Medical Staff Corps.

We understand that Surgeon Samuel Walter Sutton, M.D., resigns his commission on the Volunteer Medical Staff Corps.

In a report presented by the Pharmacopœia Committee to the Medical Council, at its recent meeting, it was stated that out of the 20,000 copies of the new edition of the Pharmacopœia that had been printed, 12,875 copies had been disposed of up to Saturday, the 14th ult.

THE Bradshawe Lecture of the London College of Surgeons will be delivered in the theatre of the College by John Wood, Esq., F.R.S., on Tuesday, the 8th of December next, at four o'clock precisely. The lecture will be on "Antiseptics."

THE Gulstonian Lectures, at the London College of Physicians, will be delivered by Dr. Seymour J. Sharkey, who has chosen for his subject, "Spasm in Chronic Nerve-Disease." The Croonian Lectures will be delivered by Dr. P. W. Latham, of Cambridge, and will be devoted to "Some Points in the Pathology of Rheumatism, Gout, and Diabetes." Dr. W. H. Stone, who will deliver the Lumleian Lectures, takes for his subject "The Electrical Conditions of the Human Body: Man as a Conductor, Condenser, and Electrolyte."

THE report of the directors of the Clerical, Medical, and General Life Assurance Society, presented at the 61st annual general meeting, held on the 27th ult., stated that the new business consisted of 529 policies, assuring £370,370, and yielding, in annual premiums, £12,940—results which compare satisfactorily with those reported on the last occasion, though they, too, represented a year of successful work. The mortality, it was stated, was still more favourable than that of last year, the claims arising on the deaths of 184 persons, assured under 220 policies, having amounted to no more than £137,884. The revenue, both from premiums and interest, was again increased, and reached a

total of £306,922, while the assurance fund, augmented by the large surplus income of £108,841, an amount only once before exceeded, was raised to £2,634,593. The investments yielded what, in the circumstances of the times, would be regarded as the satisfactory rate of interest of £4 3s. 7d. per cent., the ratio of expense being kept within its usual moderate limits. The current year will complete a bonus period thus far marked in an especial degree by prosperity and progress. These results, when compared with the balance-sheets of other societies, show that the "Clerical, Medical, and General" is one of the best-managed assurance societies in the kingdom.

An execution took place on Monday last in Norwich Gaol, the circumstances attendant on which have not unnaturally excited considerable public indignation. The acting hangman was Berry, who, in his discretion, allowed a drop of six feet, the body of the culprit weighing about 15st. After the bolt had been drawn the spectators of the scene were surprised to see the halter recoil, and entertained the suspicion that the knot had yielded in the descent. On looking into the pit beneath the scaffold, however, the true cause of the occurrence was seen to be the decapitation of the culprit, whose head was completely severed from his body, and lay apart from it. Whatever the reason for so untoward and sickening an accident—whether, on the theory of the *Medical Press and Circular*, it was due to fatty degeneration of the great muscles of the neck, or not, the fact remains that our present mode of exterminating murderers has of late been attended with a series of unfortunate mischances which have brought it into well-deserved disrepute. It is now time that the question of replacing a barbarous system of execution by a scientific and humane method should be raised to the status it deserves; and, above all, is it desirable to place the carrying out of the death penalty in other hands than those of representatives of the illiterate classes, whose principal claims to consideration is a callous disregard of human life and human suffering alike. It has been sufficiently demonstrated, especially by Dr. B. W. Richardson, that science is prepared to supply a substitute for hanging, at once painless and infallible; and we trust that the voice of public opinion will continue to be raised against the unsatisfactory mode of execution now in use, until the Government shall be driven, in response to its demands, to render all future bungling by unqualified functionaries an impossibility. The ghastly record of the Babbacombe murderer's escape, of last Monday's performance, and of numerous other mishaps, tends to make it of especial importance that early improvement should take place.

So far, the fortunes of the election have been unpropitious to medical candidates for Parliamentary honours in the South, the two members of the profession who contested metropolitan constituencies having both been defeated. The Conservative candidate, Dr. Danford Thomas, Coroner for Central Middlesex, made a gallant fight in West Islington, but he was

unable to stand against the superior forces brought to bear in favour of his Radical opponent, Mr. R. Chamberlain, who, as the brother of Mr. Joseph Chamberlain, naturally claimed the sympathies of a majority in a Radical community. Dr. Thomas, however, enjoys the satisfaction of having made a good all round fair straightforward fight; and he may very well rest content in gaining the respect not only of his own supporters, but even also of those who, on political grounds, are opposed to him. Mr. Ernest Hart's unsuccessful contest in the Mile End division of the Tower Hamlets has not excited any great amount of surprise, except, possibly, among his own immediate friends. Onlookers were able to judge pretty accurately that his feeble concession to the clamouring of the anti-vaccinationists, while little likely to gain him any useful support from the party thus propitiated, would certainly alienate from him the sympathies of all who admire consistency. Nor can he comfort himself by the reflection that Mr. Ayrton's persistence in going to the poll injured his chances of being elected, since the successful Conservative candidate received many more votes than both his opponents jointly.

ANOTHER life has been sacrificed on the altar of duty, in a way that forcibly recalls to mind the lamentable death which befell the senior resident medical officer at the Royal Free Hospital, Dr. Rab-beth, last year. This time, however, the victim is a lady, whose professional attainments gave the highest promise of a useful career, and who has succumbed to diphtheria, contracted while holding the post of house-surgeon at the Paddington Hospital for Children. The deceased lady, Miss F. Helen Prideaux, was one of the most distinguished of the women who have graduated in medicine at the University of London. She matriculated in 1878 in the honours division. A year later she passed the preliminary scientific examination in the first division (taking 2nd class honours in chemistry). At the intermediate M.B. examination, in 1881, she obtained the first place in honours in anatomy, together with the Gold Medal and Scholarship; and in the final M.B. examination, in 1884, she was placed in the honours list in each subject. At the same time she passed the B.S. examination, and was placed fifth in the honours list in the 3rd class. It is sad indeed that a life so likely to have been passed in elevating exercise of womanly virtues, and in ministering to the woes of mankind, has been thus prematurely closed at the very outset; and a universal feeling of regret will be aroused by the event, which took place but one month after Miss Prideaux's appointment to the post, in discharging the duties of which she contracted her last illness.

THE question whether, owing to the objection raised against the nature of the nursing restrictions at University College Hospital, that charity deserved to participate in the distribution of the Hospital Sunday Fund, has been settled in the affirmative at a meeting of the Council of the Fund on Tuesday last. The grounds on which this decision has been based are contained in the following report,

presented by the General Purposes Committee and carried unanimously:—"The Hospital Sunday Fund was called into existence to solicit, and, as equitably as possible, to administer to all institutions doing hospital work in London, contributions from the churches and chapels of all denominations within the metropolitan area. The hospitals of London participating in the distribution of the Hospital Sunday Fund are diversified in character, constitution, and administration, a diversity fully recognised in the organization of the Fund in its administration to the present time. In the light of these facts and principles the members of the General Purposes Committee have considered the question referred to them, and have unanimously come to the conclusion that matters relating to the internal administration of hospitals are beyond the jurisdiction of the Hospital Sunday Fund. It could not interfere with such matters without involving itself in insoluble difficulties, imperilling the existence of the Fund itself, and exceeding the authority with which the constitution of the Fund invests it. In the judgment of the committee, beyond the requirement of certain conditions of financial administration essential for the prevention of abuse, the sole function of the Council is the equitable distribution of the funds intrusted to it, based upon the hospital work done by each institution relatively to its resources, and all matters of internal administration are the sole responsibility of the hospitals themselves."

WE regret to announce the loss of another junior member of the profession at the post of duty, in the person of Mr. Robert Lawson, house-surgeon at St. Thomas's Hospital, which occurred a few days ago. Mr. Lawson was one of the most distinguished students of his year, and was the recipient of several prizes at the school of St. Thomas's. The disease to which he has succumbed was scarlet fever, and his death has aroused a deep feeling of mourning among his fellow-students, by whom he was held in much esteem.

THE well-known relic of olden days, known as St. John's Gate, in Clerkenwell, has been acquired by the Order of St. John of Jerusalem, and is destined to be henceforth the head-quarters of the Ambulance Association connected with the Order. Most people are acquainted with the appearance of this interesting structure, from its having, for very many years, been illustrated on the cover of the *Gentleman's Magazine*, the editor of which father of the magazines, Cave, had his residence in the Gate-house. The new associations of the building are the most appropriate that could be conceived or desired, and we trust that in its new abode, the spreading work of beneficence accomplished by the St. John's Ambulance Society may be multiplied as it deserves.

DR. SEYMOUR J. SHARKEY is announced to deliver the Gulstonian Lecture at the Royal College of Physicians, on "Spasm in Chronic Nerve Disease." The Croonian Series will be delivered by Dr. P. W. Latham, of Cambridge, on "Some Points in the

Pathology of Rheumatism, Gout, and Diabetes;" and the Lumleian lecturer-elect is Dr. W. H. Stone, of St. Thomas's Hospital, who has chosen for a subject, "The Electrical Conditions of the Human Body: Man—as a Conductor, Condenser, and Electrolyte."

NEW MEDICAL COLLEGE FOR THE LONDON HOSPITAL.

THE London Hospital Authorities, always well to the front, having just finished building a new training school for nurses—the largest in existence—are now sustaining the reputation they have made, by enlarging the size of the Medical College, which, owing to the increasing numbers of students, and also to the additional requirements of medical education, has been for some time past, as regards space, quite inadequate; and the College Board, ever ready to meet the requirements of the students, are now having built on a very extensive scale what will practically be a new college. Already, parts of the old one have disappeared, and the new one is rising Phoenix-like from its ashes. The building will cover more ground space, and will be a storey higher than its predecessor, for in addition to new and enlarged Anatomical and Physiological Theatres, there will be new Pathological and Histological Laboratories, the present dissecting-room and museums will be increased to more than twice their size, while the library will occupy four times its present space. The convenience of the students has been still further augmented, for the dining-room, which has hitherto been an isolated and temporary building in the Hospital grounds, is to be included, and will have a sitting-room attached, in which smoking will be allowed. The hat and cloak room, the lavatory, and all the lockers will in the future, be on the same floor as the dissecting room. A proper committee room, enlarged prosectors' room, and suites of class rooms, which will be available for Hospital meetings, are also in course of erection. The alterations will be carried out so as to cause but little or no inconvenience to the students, and we are enabled to state positively, that the new college will be completed and in good working order by the first of next October.

OPENING OF THE JAFFRAY HOSPITAL, BIRMINGHAM.

THE Jaffray Hospital, Birmingham, was on Friday last opened by H.R.H. the Prince of Wales, who was visiting the Hon. A. G. C. Calthorpe, in order to attend the Birmingham Cattle Show. The Hospital has been built at the sole cost of John Jaffray, Esq., of Birmingham, and is to be regarded as commemorative of the Centenary of the General Hospital, and of the munificence of the donor, who for many years has taken an active part in the administration of that Institution. It is designed especially for the reception of cases of a chronic nature, which will mainly be received through the wards of the parent institution, the staff of which will visit in rotation. On the arrival of the Prince, His Royal Highness was presented by Mr. Alfred Baker with a massive silver key, of magnificent workmanship, with a request that with it he would "open the doors of the Hospital to the sufferers in chronic disease, and would keep it in remembrance of the auspicious occasion."

His Royal Highness having taken the key, proceeded with Mr. Jaffray to the lower female ward, accompanied by Miss Elecock, the matron, and followed by a large number of the

general company. The Prince opened the doors and inspected the room, which is already fitted up for the reception of patients, Miss Elecock pointing out to his Royal Highness the completeness of the arrangements for the comfort and well-being of the future inmates. The Prince expressed the greatest satisfaction with all that he saw. He then inspected the lower male ward, and proceeding upstairs, entered the reception-room.

In this, which was set apart for the formal opening of the Hospital, there were assembled many of the leading public men of the town, together with the officials and committee of the General Hospital, but we noticed with extreme regret the absence of the entire staff of the Queen's Hospital, with the exception of Mr. Sampson Gamgee, its consulting surgeon. We should not mention this had we not been informed, on the best authority, that those gentlemen did not receive invitations. Lord Brooke, as representing the Committee of the General Hospital, presented to His Royal Highness a beautifully illuminated address, explaining the aims and objects of the institution which he was that day graciously pleased to open.

Having accepted this address, the reading of which was repeatedly interrupted by applause,

His Royal Highness, in reply, said: Lord Brooke and Gentlemen—I thank you for your address, and for the welcome which you offer me on the occasion of my visit to the Sub-urban Hospital. Both the Princesses of Wales and myself take a sincere interest in everything relating to the arrangement and administration of hospitals—(hear, hear); and while, therefore, it gave me great pleasure to accept your invitation to perform the duty which I have just fulfilled, it was a matter of deep regret to the Princess that circumstances prevented her from accompanying me here to-day—(applause)—to take part in a work which so specially engages her attention. I myself, in common with all the inhabitants of this district, offer my tribute of hearty thanks to the generous founder of this institution—(applause)—who, assisted by some charitable friends, has come forward in the most munificent manner to fill a serious want, and to relieve the strain which was placed upon the resources of the General Hospital by erecting this building for the reception of all cases of a chronic nature. This new departure marks a fresh era in hospital organization, and I venture to think it is one deserving the liberal and warm support of the benevolent as well as of all those who approve of the movement—(hear, hear.) I cannot doubt of its success, and I earnestly pray that the bright example which has been so nobly set may be followed by other communities, and that ere long we may see establishments of a similarly useful character in the course of construction throughout the kingdom—(applause).

An address was then presented by a deputation headed by Lord Leigh, Grand Master of the Freemasons of the Province of Warwickshire.

Three cheques for £1,250 each were then handed to the Prince for the purpose of endowing beds in the institution. His Royal Highness then presented to Mrs. Jaffray a handsome gold brooch, subscribed for by the Committee, and intended to commemorate the happy occasion.

The company then adjourned to luncheon, which brought the proceedings to a close.

Medical News.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed the Examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, on Thursday, November 19th, 1885:—Charles Delamark Freeman, 218, Marylebone Road, N.W.; Percy John Rendall, 20, Ladbroke Square, W. The following gentleman passed his examination in the Science and Practice of Medicine, and received his certificate to practise:—John Augustus Bradbury, Claude Villa, Lone Walk, Denmark Hill.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the usual monthly examinations for the licences of the College, held on Monday, November 9th, 1885, and following days, the under mentioned candidates were successful:—For the Licences to Practise Medicine and Midwifery—A. Brown,

Hornick, Lancashire; C. H. Graham, Cheltenham; J. H. Halpin, Wicklow; S. H. N. Harrington, Liverpool; M. C. Kennedy, Dublin; R. Stopford, Wigan, Lancashire; E. H. Tweedy, Dublin; C. J. Urquhart, Grange, Edinburgh. For the Licence to Practise Medicine only.—J. P. Cavanagh, Dublin; W. Frazer, M.D. Univ. Dub., Bournemouth; G. W. Hambleton, Forest Hill; C. G. Hutchinson, Osmaston Rectory, by Derby; W. A. Mahon, Clonskeagh, Dublin; J. L'E. McGrane, Banagher, King's County; G. P. L'E. Nugent, M.B. Univ. Dub., Dublin; H. Pollen, M.B. Univ. Dub., Gisborne, New Zealand; J. N. Robson, Edinburgh; R. J. Sheperd, Dublin; H. Whelan, Limerick. For the Licence to Practise Midwifery only.—R. Thomson, M.D.R.U.I., Bangor, co. Down. At a special examination for the licence to practise midwifery, held on Wednesday, November 4th, the following candidate was successful:—T. W. Dwyer, M.D.R.U.I., The Owens, co. Cork.

VICTORIA UNIVERSITY, MANCHESTER.—The following degrees were conferred by the Vice-Chancellor of the University, in the Owens College, on Thursday, November 5th:—J. M. Clarke, E. Gordon. These are the first candidates who, having pursued prescribed courses of study and passed the required examinations, have been admitted to this degree.

VACANCIES.—City of London Hospital for Diseases of the Chest, Victoria Park, E.—Assistant Physician; applications by December 7th. Dental Hospital of London, Leicester Square—Two Assistant Anaesthetists; applications by December 14th. St. Mary's Hospital Medical School—Demonstrator of Chemistry. Salary, £100 per annum. Applications to G. P. Field, Dean. Torbay Hospital and Provident Dispensary, Torquay—Junior House-Surgeon and Dispenser. Salary, £90 per annum. Applications by January 1st, 1886. Victoria Hospital for Children, Queen's Road, Chelsea, S.W.—Registrar. Salary, £63 per annum. Applications by December 7th. Victoria Hospital for Children, Queen's Road, Chelsea, S.W.—House-Surgeon. Salary, £50 per annum. Applications by December 7th.

APPOINTMENTS.—A. A. Brockatt, L.R.C.P., M.R.C.S., Clinical Assistant in the Skin Department of St. Thomas's Hospital. Charles Caldecott, M.R.C.S. Eng., L.S.A. Lond., Resident Medical Officer to the Eastern Counties Asylum for Idiots, Colchester. F. D. Crowdy, M.B. Oxon., M.R.C.S., L.S.A., Assistant House-Physician to St. Thomas's Hospital. James Geraghty, M.D., M.Ch., Medical Officer to the Bullaun Dispensary District, Loughrea Union. A. E. Godfrey, L.R.C.P., M.R.C.S., Clinical Assistant in the Ear Department of St. Thomas's Hospital. F. M. Haig, M.R.C.S., L.S.A., Non-Resident Physician to St. Thomas's Hospital. J. S. Hutton, L.R.C.P., M.R.C.S., L.S.A., Resident House-Physician to St. Thomas's Hospital. G. D. Johnston, L.R.C.P., M.R.C.S., Ophthalmic Clinical Assistant to St. Thomas's Hospital. Cameron Kidd, L.R.C.P., M.R.C.S., Assistant House-Surgeon to St. Thomas's Hospital. H. H. Lankester, M.B. Lond., M.R.C.S., L.S.A., Resident Accoucheur to St. Thomas's Hospital. R. Lawson, M.R.C.S., L.S.A., House-Surgeon to St. Thomas's Hospital. S. Plowman, L.R.C.P., M.R.C.S., L.S.A., Clinical Assistant in the Throat Department of St. Thomas's Hospital. E. D. Ritchie, M.R.C.S., L.S.A., Resident House-Physician to St. Thomas's Hospital. B. Ralton, M.R.C.S., L.S.A., House-Surgeon to St. Thomas's Hospital.

Examination Questions.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

(DIPLOMA OF FELLOW.)

QUESTIONS GIVEN AT THE SECOND EXAMINATION HELD ON NOVEMBER 26TH.

Pathology, Therapeutics, and Surgery.—1. What are the peculiarities, clinical and histological, of the new growths known as Melanosis? Give the particulars of any examples which may have come under your own observation. State the prognosis of a case after removal. 2. Describe the varieties of meningocele, encephalocele, and spina bifida, and give the methods of treatment of each. 3. Given a tumour of slow growth in the popliteal region—what may it be? What symptoms would lead you to form a definite diagnosis as to its nature? 4.

Under what circumstances would you be induced to cut into, or to excise a kidney? Describe the operations. (All four questions must be answered.)

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

EXAMINATION FOR THE LICENCE (THIRD PART OR FINAL).

OCTOBER, 1885.

Principles and Practice of Medicine.—1. Describe the symptoms and course of a case of scarlatina, mentioning the commoner complications and sequelae, and give the treatment you would employ. 2. Describe the causes, symptoms, and treatment of ascites. 3. What are the pathological changes in splenic leukaemia? Give a brief account of the natural course of the disease. 4. Enumerate the pathological causes of disease of the aortic valves. In a case of aortic incompetence, state how you would determine the extent of the incompetence. How does death usually occur? 5. How would you recognise the existence of hereditary syphilis in a child? 6. Describe the symptoms of acute myelitis (acute softening) of the dorsal region of the spinal cord.

Midwifery and the Diseases of Women.—1. Describe the structure of the graafian follicle and the changes which take place in it (1) in the unimpregnated condition, (2) and subsequent to the occurrence of impregnation. 2. Under what conditions would you resort to craniotomy? Describe minutely the steps of the operation. 3. Give the differential diagnosis and the treatment of the various forms of hæmorrhage occurring within one hour after the birth of the child. 4. What are the pathological conditions associated with puerperal eclampsia? Describe a case of this disease, and state fully what treatment you would adopt (a) before, (b) during, and (c) after labour. 5. Give the differential diagnosis and the treatment of parametritis. 6. A patient comes to you thinking herself pregnant and complains that a week ago she found herself unable to pass water. For the last three days her urine has been running from her, and she has suffered from great pain in the abdomen, which has much enlarged. Discuss the probable cause of these symptoms. How would you treat such a case?

Notices of Books.

KEETLEY'S INDEX OF SURGERY.*

We have great pleasure in announcing the appearance of a third edition of Keetley's well-known Handbook of Surgery. Having noticed former editions at some length, it is not necessary to enter upon a critical review of the work. The author has in no way deviated from the original design, which was to present to the student a concise classification of the main facts and theories of surgery to meet the requirements of students preparing for examination, and of practitioners who need a handy volume to refer to at times of doubt and difficulty. The present edition has been thoroughly revised, and numerous additions have been made, some of the articles having been greatly extended. The fact that two editions have been run through so rapidly, shows that the work is well appreciated, and we heartily congratulate the author on the deserved success which has attended his literary labours.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS. Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Baillière, Tyn dall and Cox, to whom Post Office Orders are to be made payable at the Charing Cross Post-office.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding early reports of all meetings or other events likely to be of general interest to students.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor

* An Index of Surgery, by C. B. Keetley, F.R.C.S., Senior Surgeon to the West London Hospital, &c. Third edition. London: Smith, Elder and Co., Waterloo Place.

of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

CYMRU (Abergel). We believe not. The preliminary examinations of the College of Preceptors are held in March and September. Probably the Apothecaries' Society will hold an examination in January. Write to the Secretary. The London Matriculation examination will be held in January.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. Semple, London; Dr. J. Brindley James, London; the Medical Officer of the Local Government Board; Mr. D. Stone, Royal College of Surgeons; Dr. Jeffreys, Chesterfield; Mr. W. S. Broomilaw, Aberdeen; Mr. T. C. Hunter, Pontypridd; Dr. Lionel Beale, London; Mr. H. Watts, London Hospital; "Cymro"; Mr. Johnstone, Glasgow; Mr. Edridge Green, St. Bartholomew's Hospital; Mr. Williams, Abergavenny; Mr. Cantlie, F.R.C.S., London; Mr. A. de Butta, St. Mary's Hospital; Mr. Pankhurst, London; Dr. Hills, London, &c.

BOOKS, PAPERS, &c., RECEIVED.—Notes on Anæsthetics, by Arthur S. Underwood, M.R.C.S., L.D.S., Lecture on Dental Anatomy and Physiology at the Dental Hospital of London, &c., &c. London: Claudius Ash and Sons, Broad Street, Golden Square—Syllabus of Materia Medica, by Alexander Harvey, M.D., and Alexander Dyce Davidson, M.D., &c. Seventh Edition. London: H. K. Lewis, Gower Street—Medical Times—Medical Press—British Medical Journal—New York Medical Record—Canada Lancet—Provincial Medical Journal, &c., &c.

Exchange Column.

STUDENTS wishing to exchange or sell any article must write out an advertisement for it and send it to the office, addressed to the Publishers of THE HOSPITAL GAZETTE, 20, King William Street, Strand, endorsed "Exchange Column," not later than the Wednesday before publishing day. Payment is to be made as follows:—2J words and under, 6d., and 3d. for every 10 words afterwards. Students may have a number attached to the advertisement by sending 3d. extra to cover postage, &c., for each insertion, and the Publishers will forward the letters in reply. Three insertions for the price of two.

AUSTIN FLINT's Text Book of Physiology (Lewis, 1876). Three plates and 313 woodcuts, pp. 978, 7s. 6d.; Watson's Practice of Physic. Two vols., fourth edition, 7s. 6d. Headland on the Action of Medicines, 3rd edition, 2s. c12

TODD and Bowman's Anatomy and Physiology. Two vols., second edition, calf, 5s. Ellis's Dissections, second edition, 3s. 6d.; Kirkes' Physiology, seventh edition, 4s. 6d.; or lot, 10s. 6d. post free. c13

MASSE's Handy-Book of Anatomical Plates (plain), 12s. 6d., Hille's Essentials of Physiology, second edition, 5s.; Athill's Diseases of Women, fourth edition, 2s. 6d. b68

WOORON's Guide to the Medical Profession (Macmillan and Co.), 3s.; Matthews Duncan on the Mechanism of Natural and Morbid Parturition, 4s.; Harris and Power's Manual for the Physiological Laboratory, second edition, 3s. 6d. The lot post free, 10s. b65

PAGER's Lectures on Surgical Pathology, third edition, good condition, 10s.; Beale's Use of the Microscope in Clinical Medicine, first edition, 2s. 6d.; Tilbury Fox on Skin Diseases, third edition, 5s.; Tyrrell on Diseases of the Eye, 2 vols. 7s. c17

TYRRELL on Diseases of the Eye, 2 vols.. 7s.; Parkes's Practical Hygiene, Fourth Edition, 5s.; Tilbury Fox's Skin Diseases, Third Edition, 5s.; Daniell's Introduction to Chemical Philosophy, Second Edition, 3s. 6d.—all post-free. c22

GOLDING BIRD on Urinary Deposits. Third Edition. 2s. 6d.; First Edition of Lionel Beale's Use of the Microscope in Clinical Medicine, 2s. 6d. c23

BRODHURST on Curvature and Disease of the Spine, Third Edition; Heather Biggs' Manual of Orthopraxy, and Warrington Howard's Treatise on Orthopædic Surgery; all good as new; the lot, 5s. b60

MAUNDER's Surgery of the Arteries, 1s. 6d.; Liston's Practical Surgery, fourth edition, 2s. 6d.; Vincent's Observations on Surgical Practice, 2s. 6d.; Stanley on Diseases of the Bones, 3s. 6d.; or lot, 7s. 6d. c14

BUDD's Lectures on Diseases of the Stomach, 3s. 6d.; Budd on the Liver, 3s. 6d.; Swain on Diseases of the Knee-joint, 2s. 6d.; Baker Brown on Ovarian Dropsy, 2s. c16

McKEWICK's Outlines of Physiology, good condition, 5s.; Morton's Surgical Anatomy, with numerous lithographic plates and engravings, 7s. 6d.; Rymer Jones' General Structure of the Animal Kingdom, second edition, 2s. 6d. c16

NORRIS on the Physiology and Pathology of the Blood, 2s. 6d.; Henry Smith's Surgery of the Rectum, Fifth Edition, 2s. 6d. Bumstead and Taylor's Venereal Diseases, 4s. 6d. b59

DALE's Carmichael's Prize Essay on the State of the Medical Profession, 1s. 6d.; Higgins' Hints on Ophthalmic Out-patient Practice, 2s.; Gant's Guide to the Royal College of Surgeons, third edition, 2s. All good as new. b63

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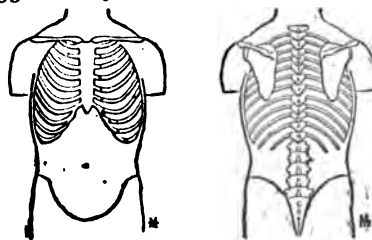
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1 ABLETS OF ANATOMY, BY THOMAS COOKE, F.R.C.S., 4th Edition Revised, now ready, price 7s. 6d. (Longmans and Co.).

Notes by the Way.

BUSINESS generally is not particularly flourishing in Ireland, but it is satisfactory to know that medicine is looking up well; that is, if one may form an opinion from the number of students who are crowding into the ranks of medicine. Last year the number of new students who entered upon their studies at the Dublin Medical Schools amounted to 749. This year the number is 842, an increase of 51. We can only hope that these gentlemen, when qualified, will remain in the "Green Isle" to practice, or betake themselves to the remoter parts of her Majesty's dominions, for I can assure them there is no room for more doctors in England.

As I have pointed out repeatedly, the profession in England is completely over-stocked; so much so, that there are many well qualified doctors who scarcely know where to look for a meal. A friend of mine, who is practising in North London, advertised a week or two ago for an assistant, and he received more than eighty applications for the post, a large proportion of them being from doubly-qualified practitioners, some of whom wrote in the most imploring manner to be accepted, and expressing their willingness to give their services without salary as long as they were provided with bed and board. Had I not received this first hand, and from one who is not given to exaggeration, I should not have believed that medicine, as a means of livelihood, is in such a low condition. This is cold comfort for those who are now pursuing their studies, but it is as well that they should know what to expect when they succeed in getting their qualifications.

THE care of lunatics in the Plymouth Workhouse appears to be only an empty name. They seem to be left to take care of themselves, with the to-be-expected result of knocking each other about by way of diversion. One day last week two of the inmates of the workhouse, occupying the same room, began a discussion about women, and waxing warm, came to blows. One threw the other down, and jumped upon his chest, and killed him, before anyone came upon the scene.

A CORRESPONDENT writes to know whether something cannot be done to prevent a man who practices as an oculist in Euston Square, under the name of Edward Pomies. I don't know that anything can be done by way of prosecution, unless it can be shown that he professes to be a qualified surgeon, and this he does not appear to do. If anyone who has been treated by him suffers from his treatment, and it can be shown that his treatment was improper, they would probably be able to recover damages from him.

THE meeting of the Fellows and Members at the Royal College of Surgeons, on the 17th inst., promises to be an extremely lively one. The Council of the College have definitely decided that they will not accept the modifications in the manner of election to the Council proposed by the Fellows and Members,

and the dispute thus resolves itself into a trial of strength. The Council must feel very secure in the position they have taken up, and in their power to command the sanction of the Government, or they would not defy the Fellows and Members to do their worst. The contest is just now entering upon a very interesting stage, and the result will be watched with interest.

It is satisfactory to know that Mr. Bridge, the presiding magistrate at the Southwark Police-court, has no scruples about putting the provisions of the Medical Act in force, when quacks are brought before him. On Thursday week, "Professor" Clifford, a notorious quack, described as of the Medical Institute, 68, St. George's Road, Borough, appeared before Mr. Bridge on remand, charged with representing himself to be a physician at the above address. Mr. Washington, who appeared for the defendant, said he never pretended to be a medical man, but employed a physician in all cases that required attention. Mr. Bridge said he had read a bill which had been circulated by the defendant, and was of opinion that it was so worded as to make the public believe that the defendant was a qualified physician. He, therefore, had no hesitation in convicting the defendant. He fined him £20, the alternative being two months' imprisonment. There are a few more such individuals in London, preying on the ignorant, who should be dealt with in a similar manner.

A CURIOUS scene was witnessed at Leicester one day last week, where over a thousand persons assembled to witness a sale of an anti-vaccinator's goods, in default of payment of penalties imposed for neglecting the Acts. After waiting some time, a telegram was received from an auctioneer from a distance, who had been engaged to conduct the sale, that he declined to proceed. Over thirty police were present, but no sale took place, as no auctioneer could be found. Resolutions were passed by those assembled, condemning the Compulsory Vaccination Acts, which rendered such seizures possible.

THE abortion-mongering fraternity seem to be having a warm time of it lately. The latest case of this kind has occurred at Stonehouse, where a few days ago Charles Baldwin, a carpenter, who, it is stated, has been practising for some time as a quack doctor, was charged at the police-court with attempting to procure abortion upon a married woman named Elizabeth Sweet Brown. It appeared from the evidence that certain statements had been made to the county police at Stonehouse, to the effect that the prisoner had used instruments on different women with a view to procure miscarriage, and that in one case a woman named Bennoy, upon whom he had operated, had, it was supposed, died from the effects of the operation. Mrs. Brown, in her evidence, admitted that at the instigation of the police she had arranged for an interview with the prisoner, and that, in accordance with her instructions, she had told him that she had become pregnant two months before. She stated that the prisoner had offered to procure miscarriage, provided she would consent to allow him to perform an operation,

adding that he had never failed in bringing it about. Mrs. Brown told him she did not object to take any medicine but that she would not allow him to touch her person. His reply was that unless he used an instrument he could give her nothing that would be of any use, adding that he was getting so popular, having been successful in so many cases, that he had quite enough business on his hands already. The prisoner told her that he must use an instrument, and ultimately she consented to his doing so. The prisoner used an instrument upon her, and afterwards applied a galvanic battery to her. The police entered the room while the prisoner was in the act of using the galvanic battery, and on searching the premises found a number of instruments and certain medicines used for the purpose of procuring abortion. The prisoner was also charged, together with a man named Bennoy, with procuring abortion in the case of Mrs. Brown, in June, 1884, and with causing the death of Mrs. Bennoy during the present year, and performing an unlawful operation. The prisoners were remanded. These cases will, it is to be hoped, act as a deterrent to the numerous persons who live by this illegal and dangerous practice.

Of all the doctors' handbills which have ever come under my notice, one sent to me a few days ago by a Liverpool correspondent is the most extraordinary. It shows to what depths the practice of medicine has descended in the first provincial town in England. The circular is headed, in large letters—"Put this up over the chimney-piece; it contains useful information." After giving a description of various diseases, the author informs the Liverpudlians that—

"Working people, who cannot afford big bills to the doctor, and have reason to fear quack dispensaries, and don't like the charity which keeps them waiting for hours at an hospital, can consult a duly-qualified and registered physician and surgeon, and obtain the best and most appropriate medicines for all diseases at 66, Russell Street, every morning from 9 till 11; every evening from 6 to 9 o'clock. Charges—Medicine, per bottle, 6d.; visit, within one mile, 1s.; vaccination with the purest lymph, 6d.; club or other certificates, 6d. Confinements, with seven days' attendance, from 7s. 6d., according to the means of the patient. What kills most people in Liverpool? Probably bronchitis. It is too well known to need description; a special medicine is kept for its attacks. What is the greatest enemy of the working people? Without doubt, drink. It ruins health, credit, and character; produces more poverty, murder, and suicide, than any other cause, insures a miserable life, and still more miserable death. A special medicine is kept to allay its cravings, and remove the horrors after it. A pain in the small of the back is a sign of kidney disease, or rheumatism. In a woman it may point to the cause which produces paleness, weakness, barrenness, and that lowness of spirits which accompanies ill-health. If you wish to be visited at your own house, please, when possible, leave word at the surgery before eleven o'clock. Special cases for women from 3 to 4 o'clock. Special medicine for female irregularities."

It appears to me that the author of this handbill requires a little "special" attention from the profession in Liverpool; and, if he proves to be qualified, his connection with the handbill should be communicated to the General Medical Council, who would doubtless deal with him in a manner that would act as a caution to anyone who may feel inclined to imitate his example.

PERIPATETICUS.

Original Papers.

MATRICULATION CHEMISTRY.

By A. C. MAYBURY, D.Sc.Lond., M.R.C.S., &c.
(Continued from page 408.)

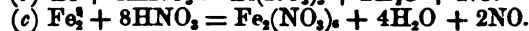
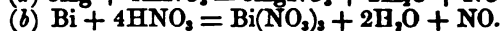
XLVII.—NITROGEN DIOXIDE (NITRIC OXIDE, NITROXYL, AZOTYL), NO.

Molecular weight = 30. Density = 15. Molecular volume $\square\square$ 1 litre weighs 15 criths.

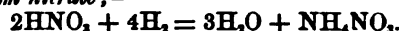
274. Preparation.—1. This gas is usually made by acting with dilute nitric acid (sp. gr. 1.2), on copper turnings. Copper nitrate, water, and nitric oxide are formed:



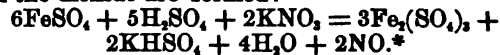
The lower the temperature at which the gas is given off, the purer is it. When strong nitric acid is made use of, the temperature rises so high that free nitrogen is one of the products. Nitrous oxide is also formed. The dioxide may be obtained pure by passing the gases through a solution of ferrous sulphate, which absorbs the dioxide. This compound ($2\text{FeSO}_4 \cdot \text{NO}$) is decomposed by heat, pure nitric oxide being evolved*. With mercury and lead the equation is similar to that with copper. With (a) silver, (b) bismuth, and (c) iron, the equations are respectively:—



In these reactions, nitrous acid (HNO_2) is first produced, and this on contact with water gives rise to nitric acid and nitric oxide. In all these reactions, a certain amount of water is decomposed, the nascent hydrogen from which transforms some of the nitric acid into ammonium nitrate;—



2. The gas is also obtained pure by heating together ferrous sulphate, dilute sulphuric acid, and nitre. Ferric sulphate, hydropotassic sulphate, water and the dioxide are formed:—



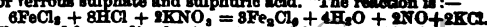
Nitrogen dioxide may be collected over water. An apparatus similar to that required for preparing nitrous oxide is used.

275. Properties.—Nitrogen dioxide is a colourless, transparent, irrespirable, unflammable gas. It is neutral to test paper, and the most stable of the oxides of nitrogen. It has been liquefied (by Cailletet in 1877) by exposing it to a temperature of -11°C under a pressure of 104 atmospheres.

It is sparingly soluble in water, 100 volumes taking up five of the gas. It is very soluble in nitric acid, forming nitrogen peroxide, to which it imparts a brown, green, or blue colour, according to the strength of the acid. One of the most characteristic properties of nitrogen dioxide is that it combines with free oxygen with evolution of heat and production of red fumes composed mainly of nitrogen peroxide (NO_2)†. It is also absorbed by ferrous

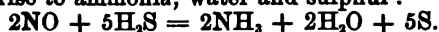
* Bismuth, lead, mercury, iron, or silver may be used instead of copper but with them a higher temperature, or a stronger acid, is required.

† A mixture of ferrous chloride and hydrochloric acid may be substituted for ferrous sulphate and sulphuric acid. The reaction is:—

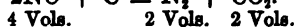
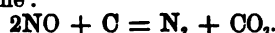


† These red fumes dissolve in water, and form an acid solution.

sulphate forming a brown compound ($2\text{FeSO}_4\cdot\text{NO}$). This reaction is taken advantage of in testing for nitric acid. Solutions of potassium manganate and permanganate also absorb it. This gas is a supporter of combustion, though not to such an extent as nitrous oxide, though the amount of oxygen in the compound is greater. *It extinguishes a taper, and the light of burning sulphur.* Burning phosphorus, however, undergoes combustion in the gas, the heat developed being sufficiently intense to set free oxygen, which carries on the process. When the gas is passed over heated potassium the metal takes fire, and potassium monoxide is produced. Sodium, however, under similar circumstances, even when heated by a spirit lamp, undergoes no change. If a few drops of carbon disulphide are dropped into a jar of the gas combustion takes place with a blue very luminous flame. When dry, nitric oxide is not decomposed by heat, electricity has no effect on it, unless we make use of the induction spark, when nitrogen and oxygen are slowly liberated. A mixture of nitrogen dioxide and hydrogen or sulphuretted hydrogen, when passed over heated platinum black gives rise to ammonia, water and sulphur:



The reaction with hydrogen is similar, except that there is no deposition of sulphur. Nitrogen dioxide cannot be exploded with hydrogen; the mixture, however, burns with a greenish flame. Carbon burns in nitrogen dioxide, and when a current of the gas is passed over red-hot charcoal, nitrogen and carbon dioxide are formed, without alteration in the original volume:

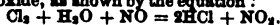


By reducing agents, such as moist iron filings, soluble sulphides, sulphurous acid, stannous chloride, &c., it is slowly converted into nitrous oxide, often accompanied by ammonia. A mixture of moist iron filings and sulphur reduces it more completely chiefly to the state of nitrogen.

276. Tests.—This gas is characterized (a) by forming red fumes when brought in contact with air* or free oxygen; and (b) by its solubility in a solution of ferrous sulphate.

277. Composition.—On repeating the process above described (§272), with nitric oxide we find that the gas is diminished by one half. Therefore, a molecule of the gas (2 vols.) contains 1 vol. of nitrogen and 1 vol. of oxygen. The density of the gas is 15, therefore its molecular weight is 30. Hence the compound is composed of an atom of nitrogen, and an atom of oxygen, and its formula is NO and not N_2O_2 . This gas, therefore, contains twice as much oxygen as nitrogen monoxide, hence the name dioxide is appropriate. The difficulty of liquefying it and its greater stability imply a more simple constitution than in the case of the monoxide.

* This reaction enables us to detect free oxygen in a mixture of gases. Chlorine in presence of moisture would, however, produce the same result with nitric oxide, as shown by the equation:



Nitric oxide was formerly used by Priestley and Cavendish as a quantitative test for free oxygen, but on account of the difficulty of obtaining pure nitric oxide this method has fallen into disuse. Dry chlorine has no action on nitric oxide. It was formerly thought that chlorine contained oxygen from the fact that the gas and nitric oxide, when mixed together over water, gave rise to red fumes.

XLVIII.—NITROGEN TRIOXIDE (NITROUS ANHYDRIDE) N_2O_3 .

Molecular weight = 76. Density = 38. Molecular volume $\square\square$ 1 litre weighs 38 criths.

278. Preparation.—1. Nitric trioxide may be obtained pure by the synthesis of 4 vols. of nitric oxide and 1 of oxygen in a vessel surrounded by a freezing mixture: $2\text{NO} + \text{O} = \text{N}_2\text{O}_3$. A blue liquid is formed which gives off red fumes and is decomposed by water with the formation of nitric acid and nitric oxide:—



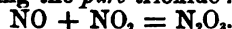
2. Certain substances, such as arsenious acid, starch, &c., when heated with nitric acid (sp. gr. 1.25), act as reducing agents on the acid. The evolved gas is passed through a tube containing calcium chloride to dry it, and then into a tube cooled down to -9.36°C by a mixture of pounded ice and crystallised calcium chloride. With arsenious acid, nitrogen trioxide is evolved, arsenic acid remaining in the retort:—



As thus obtained, the trioxide is always mixed with tetroxide, but by passing a current of nitric oxide into the warm liquid and transmitting the evolved gases through a heated glass tube, and condensing the product in a U tube, surrounded by a freezing mixture, the pure gas is obtained:—



3. Passing equal volumes of nitric oxide and nitric tetroxide through a heated tube, is one of the best ways of obtaining the pure trioxide:—

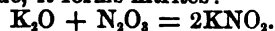


4. The trioxide is also formed when ice-cold water is added to liquid nitrogen tetroxide, surrounded by a freezing mixture. Nitrous and nitric acids are formed (§287), and by distillation at a low temperature the trioxide, or perhaps nitrous acid (HNO_2), passes off. The distillate should be passed over calcium chloride, and the vapours condensed in a U tube, surrounded by a mixture of ice and salt.

279. Properties.—Nitrogen trioxide forms a volatile unstable dark blue liquid at ordinary temperatures, becoming indigo blue at -10°C . It does not solidify at -30°C . It boils at about 0°C . The liquid begins to decompose when below this temperature, and by warming, the decomposition is rapid. Nitric oxide is evolved, and the peroxide left:—



When distilled, the gas undergoes partial resolution into these two constituents. By water, the liquid is decomposed, as explained above. With alkalis as potassium oxide, it forms nitrites:—



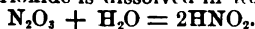
When mixed with nitric acid, not too strong, it forms a blue mixture, consisting of nitrous and nitric acids.

XLIX.—NITROUS ACID.— HNO_2 .

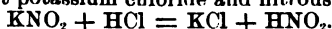
Molecular weight = 47.

280. Distribution.—Nitrites occur in the water of certain rivers and wells, especially in towns, and also in the soil. They are formed by the oxidation of ammonia and become by absorption of oxygen converted into nitrates. Traces of nitrites have been found in the juices of plants, and ammonium nitrite has been detected in air.

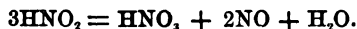
281. *Preparation*.—1. This acid is formed as a blue liquid when nitrogen trioxide is dissolved in *ice-cold* water:—



2. *Ice-cold* solutions of nitrites also yield this acid when acidified. With potassium nitrite and hydrochloric acid, we get potassium chloride and nitrous acid:—



282. *Properties*.—This is a very unstable liquid, readily breaking up into nitric acid, nitric oxide and water:—



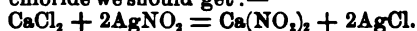
Nitrous acid, from its tendency to become nitric acid, acts as a *reducing agent*. Thus manganic, permanganic and chromic acids are reduced to a lower state of oxidation and it precipitates gold and mercury in the metallic state from salts of these metals. It also acts as an oxidizing agent, bleaching indigo, converting ferrous into ferric salts, and liberating iodine from iodide of potassium. In these cases the nitrous acid splits up as follows:—



283. *Nitrites*.—Nitrous acid is monobasic, and forms a series of salts—the nitrites. They deflagrate on burning charcoal. The neutral salts are all soluble in water, and most of them in alcohol, so that by the latter solvent potassium and sodium nitrites which are *insoluble in alcohol* can be separated from the corresponding nitrates. They are decomposed by heat, an oxide of the metal being left (KNO_2), or the *metal* itself (AgNO_2). The decomposition of ammonium nitrite has been given. They may be prepared (a) by heating nitrates as in the case of potassium and sodium nitrites, (b) by the decomposition of nitrogen peroxide in presence of an alkali when a nitrate and nitrite of the metal are formed. (§ 287). The addition of silver nitrate gives rise slowly to a precipitate of silver nitrite. Thus:—



The silver salt may be purified by dissolving it in hot water and recrystallizing it. By acting on this salt with the chlorides of the other metals, nitrites may be obtained while silver chloride is precipitated. Thus with calcium chloride we should get:—



(c) The oxidation of lower oxides of nitrogen in presence of bases gives rise to nitrites. Potassium nitrite is produced when a mixture of oxygen and nitric oxide are passed through a solution of potash, or when the two are mixed above the solution. They are also formed by passing nitric acid over peroxides. (d) Ammonia mixed with air in presence of platinum black becomes converted into ammonium nitrite. Again, a mixture of ammonia and air in presence of metallic copper, gives rise to copper nitrite.

284. *Tests*.—(a) A very delicate test for nitrous acid is potassium iodide, from which the acid liberates iodine, which imparts a brown colour to the solution and strikes blue, with starch paste:—



If in combination, the acid must be set free by the addition of hydrochloric or sulphuric acid. Nitric acid, *unless concentrated*, does not set free iodine from the iodide.* This test is applicable for detecting traces of nitrous acid in water.

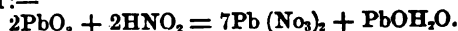
(b) Ferrous sulphate gives, with a nitrite, a brownish red colour from the peroxidation of the iron without the addition of an acid. This colour deepens on the addition of acetic acid. Nitric acid only exhibits this reaction when nitric acid is liberated by the addition of sulphuric acid and gentle heat applied.

(c) Nitrites, with copper sulphate, give rise to a bright green colour of copper nitrite.

(d) Silver nitrate with a nitrite throws down a white crystalline precipitate of silver nitrite (AgNO_2). With a solution of a cobalt salt, a yellow precipitate of potassium-cobaltic nitrite (cobalt yellow) slowly forms.†

(e) As already stated, nitrous acid acts as (a) a *reducing* (b) an *oxidizing agent*. Reducing actions distinguish nitrites from nitrates. Oxidizing actions are more energetic with nitrites than with nitrates, which latter have no action unless nitric acid is first set free by the addition of a stronger acid, whereas in the case of nitrites it is not always necessary, as in the instance of ferrous sulphate, to add an acid.

285. *Quantitative Analysis*.—There are many ways of estimating nitrites quantitatively:—(a) Nitrous acid may be determined by acting on the acid with lead peroxide, nitrate and hydrated oxide of the metal being obtained:—



A known quantity of dry lead peroxide is added to a dilute solution of the nitrite to be analyzed and, dilute acetic acid being added, the mixture is warmed for 12 hours at 30°C . or 40°C . Acetic acid sets free nitrous acid, and the reaction given above takes place, lead oxide being dissolved up by the acetic acid. From the amount of the dried residue (PbO_2) we know the quantity of peroxide that has taken part in the reactions, and hence the quantity of nitrous acid present can be deduced, since 2 molecules of nitrous acid lead to the solution of 2 molecules of lead peroxide.

(b) A solution of metaphenylenediamine, $(\text{C}_6\text{H}_4)_2\text{H}_2\text{N}_2$, in dilute sulphuric acid gives a dark-red or violet colouration with oxidizing agents, and has been recommended for the estimation of small quantities of nitrous acid, the amount of acid being inferred by comparing the tint produced in a given case with that formed on adding a known quantity of a standard solution of sodium nitrite and dilute sulphuric acid to distilled water. The conditions being similar, when the tints correspond, the amount of nitrous acid in the solution corresponds with that represented by the amount of standard nitrite solution added.

286. *Composition*.—Nitrous acid may be analyzed by converting potassium nitrite into argentic nitrite by the action of silver nitrite (§ 282). The dry silver nitrite, when heated, leaves metallic silver, the weight of which, if deducted from the amount of nitrite employed, will give us the amount of nitrous acid (NO_2), minus a quantity of hydrogen equivalent to the silver. By calculation, we find that the weights of silver and radicle are to one another as 108 and 46 respectively. Now, 108 is the atomic weight of silver, and $(14 \times 2 + 16 =)$ 46 represents 1 atom of nitrogen and 2 atoms of oxygen. Nitrous acid is therefore HNO_2 .

(To be continued.)

NOTES ON ANATOMY.

By G. M. DARTNELL, L.R.C.S., &c.

(Continued from page 410).

OPENING IN ADDUCTOR MAGNUS.

This is situated at the point of junction of the middle with the lower third of the thigh.

Outside.—Vastus internus muscle.

Inside.—Tendon of the adductor magnus with some fibres from the tendon of the long adductor.

Contents.—Femoral artery and vein.

Note.—The opening is tendinous at the anterior but fleshy at the posterior aspect, and is larger than is necessary for the passage of the vessels.

* There is some doubt as to the composition of this substance. The formulae given are very complex, Cobalt is completely precipitated from a neutral solution by potassium nitrite.

* The action is due to traces of nitrous acid in the nitric acid.

GRACILIS MUSCLE.

Origin.—By a thin aponeurosis, between two or three inches in breadth, from the inner margin of the ramus of the pubis and ischium.

Insertion.—Upper part of the inner surface of the shaft of the tibia, *below* the tuberosity.

In Front.—Fascia lata, sartorius muscle, internal saphenous vein.

Behind.—Adductors longus, brevis, and magnus muscles; internal lateral ligament of knee-joint.

Nerve.—Obturator.

Action.—Assists the sartorius in flexing the leg, and drawing it inwards; it is also an adductor of the thigh.

Note.—A synovial bursa separates the tendon from the knee-joint as it passes across the internal lateral ligament.

OBTURATOR NERVE.

Origin.—From the third and fourth lumbar nerves.

Course.—It descends through the inner fibres of the psoas muscle, and emerges from its inner border near the brim of the pelvis; it then runs along the lateral wall of the pelvis, *above* the obturator vessels, to the upper part of the obturator foramen, where it enters the thigh with the obturator artery, and divides into a superficial and a deep portion.

Branches.—Anterior—to femoral artery, &c.
Posterior—to neighbouring muscles.
Articular—to knee-joint

Supplies.—Obturator externus, gracilis, the adductor muscles, and the pectineus; the articulations of the hip and knee, and occasionally the integument of the thigh and leg.

Note.—The adductor brevis muscle separates the anterior from the posterior branch. This nerve is the *last* branch of the lumbar plexus.

PECTINEUS MUSCLE.

Origin.—Linea-ileo pectinea; from the surface in front of it between the pectineal eminence and spine of the pubis, and from a tendinous prolongation of Gimbernat's ligament, which is attached to the crest of the pubis, and is continuous with the fascia covering the outer surface of the muscle.

Insertion.—Into a rough line leading from the trochanter minor to the linea aspera.

In Front.—Pubic portion of fascia lata, which *separates* it from the femoral vessels and internal saphenous nerve.

Behind.—Hip-joint, adductor brevis and obturator externus muscles, the obturator vessels and nerve being interposed.

Outer Border.—Psoas muscle.

Inner Border.—Margin of adductor longus.

Nerve.—Obturator, accessory obturator, and anterior crural.

Action.—Adducts the thigh, and also rotates it outwards; flexes the thigh on the pelvis, &c.

NUTRIENT ARTERIES OF LOWER EXTREMITY.

Femur.—The nutrient artery of the femur is usually given off from the middle perforating branch of the profunda femoris artery, and when entering the foramen in the linea aspera, is directed upwards *towards* the hip joint.

Tibia.—This is derived from the posterior tibial artery, and is remarkable in being the *largest* nutrient bone artery in the body. It enters the foramen on the *posterior* surface of the bone, and is directed downwards *towards* the ankle joint.

Fibula.—The nutrient artery of this bone is derived from the peroneal branch of the posterior tibial artery, and is directed downwards *towards* the ankle joint.

ADDUCTOR BREVIS MUSCLE.

Origin.—From the outer surface of the descending ramus of the pubis, between the gracilis and obturator externus.

Insertion.—By an aponeurosis, into the upper part of the linea aspera, immediately behind the pectineus and upper part of the adductor longus.

In front.—Pectineus and adductor longus muscles; anterior branches of the obturator vessels and nerve.

Behind.—Adductor magnus, posterior branches of the obturator artery, vein, and nerve.

Outside.—Obturator externus; the conjoined tendon of the psoas and iliacus muscles.

Inside.—Gracilis and adductor magnus muscles.

Nerve.—Obturator.

Action.—Adducts the thigh, and also rotates it outwards; flexes the thigh on the pelvis.

Note.—This muscle is *pierced*, near its insertion, by the middle perforating branch of the profunda artery.

(To be continued.)

AIDS TO OPHTHALMOLOGY.

By C. FRED. POLLOCK, M.D., F.R.C.S.E., Ophthalmic Surgeon, Anderson's College Dispensary, Glasgow. Formerly Assistant Physician, City of Glasgow Fever Hospital, Belvidere; Demonstrator of Histology, Glasgow University.

(Continued from page 409.)

IRIS.

Iritis.

Inflammation of iris.

Causes; Syphilis, (secondary), rheumatism; gout; gonorrhoea; wound, keratitis, corneal ulcer, sympathetic ophthalmitis.

Symptoms; vision impaired; some photobia, lachrymation; pain; deep ciliary congestion. Iris; colour changed, *e.g.*, blue into yellowish green, brown into copper coloured, surface dull, movement sluggish, adherent at spots to lens capsule (posterior synechia). entire posterior surface adherent (Total Post. Syn.) Deposits of pigment on lens capsule. Pupil; irregular from Post. Syn., adherent all round (exclusion), filled with membrane (occlusion). Atropine acts feebly, reveals synechiae.

Varieties ;

1. Plastic or Simple.

Gummata may be present ; small elevations, reddish yellow or brown, generally at inner and lower part, may cause hypopion.

2. Purulent.

Pus in inflammatory exudation, hypopion, iris usually yellowish.

3. Serous.

With keratitis punctata ; clear effusion, tension increased ; colour and movement of iris affected ; chronic.

Treatment ; atropine, duboisin, belladonna ; hot fomentations, hot cotton wool ; dark room, shade ; paracentesis ; mercury, quinine, iodide of potassium.

For increased tension ; eserine, iridectomy.

For pain ; leeches to temple, morphia, chloral.

For synechiæ ; atropine, corelysis, iridectomy.

Wound.

Treatment ; atropine, continuous local cold ; leeches to temple. For foreign body ; remove, with portion of iris if necessary ; if steel or iron, try to remove with electro-magnet.

Coredialysis ; iris partially torn from ciliary attachment.

Tremulous Iris ; due to displacement or absence (aphakia) of lens :

Coloboma ; congenital cleft.

Irideremia ; congenital absence.

Persistent Pupillary Membrane ; shreds in pupil, attached to anterior surface of iris.

Tubercle, sarcoma and cysts have been seen.

Mydriasis ; dilatation of pupil, *e.g.*, paralysis of III nerve, optic atrophy, glaucoma.

Myosis ; contraction of pupil, *e.g.*, cerebral disease, opium. Pupil not responding to light, but acting with accommodation, is "Argyll Robertson" pupil of locomotor ataxia.

CHOROID.**Choroiditis.**

Inflammation of choroid.

1. Plastic.

Causes ; Syphilis in large majority of cases, rheumatism, progressive myopia.

Symptoms ; vision impaired, with floating specks (musculi volitantes) ; pain. Ophthalmoscope shows (a) spots of inflammation, pale and ill-defined, or (b) much more commonly the results of these, *i.e.*, spots or patches of atrophy ; very pale red, or pure white, may be pigmented ; borders sharply defined, pigmented ; very irregular ; may be confluent. Overlying retina may be hazy (choroido-retinitis.) Pigment epithelium atrophied, and choroidal vessels seen as irregular spaces. Opacities in vitreous.

Varieties ;

2. Syphilitic. (Choroido-retinitis.)

Symptoms ; vitreous with opacities like dust, or larger disc, if seen, surrounded by haze. Vision worse in dim light, posgenes or luminous spots may be seen. Ultimately disseminated choroiditis and large opacities in vitreous.

Treatment ; mercury and iodide of potassium.

Shade eyes during active stage.

2. Simple disseminated.

Scattered spots.

3. Central, (circumscribed).

(a) Patches about macula.

Vision with central blind spot (Scotoma), objects distorted or diminished.

(b) Dots about macula, may coalesce ; some pigmented ; old age ; both eyes affected.

2. Purulent. (Panophthalmitis).

Causes ; Wound, foreign body in eyeball, perforation of cornea, scarlet fever, enteric fever, puerperal fever, pyæmia, small-pox.

Symptoms ; Rapid destructive inflammatory disease with great pain, pyrexia, cedema, of lids, chemosis, retina, vitreous, iris and cornea all suppurate ; globe bursts, and ultimately atrophies

Treatment ; Poulitice. Incise globe. Enucleation ; perhaps risk of meningitis being caused by this. Antiseptic lotion. Morphia, quinine.

Sclero-choroiditis.

Inflammation of sclerotic and choroid ; chronic ; with adhesion, atrophy, and bulging of both.

1. Posterior (posterior staphyloma),

Occurs in myopia.

Symptoms ;

(a). Stationary atrophy of choroid at outer border of disc (myopic crescent, conus), atrophy may surround disc ; corresponding atrophy of retina with enlargement of normal blind-spot.

(b) Progressive ; crescent with ill-defined margin ; separate spots of atrophy ; sometimes opacities in vitreous, disc apparently oval from sloping position, disc atrophied, retina detached.

Treatment ; Correct myopia. Tonics.

2. Anterior. Equatorial (staphyloma).

Symptoms ; Local swelling with congestion, spreading ; afterwards portion bulges.

Treatment ; Tonics.

Sarcoma.

Symptoms ; Obscure at first, perhaps flashes of light, impaired vision, pain, scotomata.

Afterwards ; Tumour in vitreous, monocular glaucoma, destruction of eyeball, course of malignant disease.

Generally after 35 years of age.

(a) Anterior ; iris bulging forwards, rounded mass behind pupil, eye without irritation, no history of injury.

(b) Posterior ; Rounded swelling in fundus, covered with retina, situation may be different from simple detached retina ; eye apparently sound ; tension increased.

Treatment ; Enucleation. If tumour has extended beyond globe, empty orbit.

Tubercle.

Symptoms ; Miliary tubercles elsewhere.

In choroid ; raised spot or spots, pale yellow, borders ill-defined.

Bone Formation.

Symptoms ; Atrophied eyeball, tender to touch. May cause sympathetic ophthalmitis.

Treatment ; Enucleation.

Detachment.

Symptoms ; Like detached retina, sometimes immobile, sometimes tension increased.

Rupture.

Symptoms ; History of blow ; streaks in choroid ; at first yellow with hæmorrhage at margins, afterwards white with black borders.

Coloboma.

Congenital deficiency of lower part of choroid, embracing disc and extending to periphery ; sometimes only round disc. Sclerotic is exposed, bluish white, with pigment patches, surface irregular, crossed by retinal vessels.

CILIARY BODY.

Cyclitis.

Inflammation of ciliary body.

Causes ; Wound, foreign body in ciliary region, dislocation of lens.

Symptoms ; Great ciliary congestion, ciliary tenderness, vision impaired ; usually with iritis, or choroiditis, or both.

1. Irido-cyclo-choroiditis. (irido-cyclitis, irido-choroiditis).

Causes ; Syphilis, rheumatism, wound, sympathetic ophthalmitis.

(a.) Serous.

Symptoms ; as in serous iritis, with opacities in vitreous ; liable to relapses ; ultimately both eyes affected.

Treatment ; Treat cause, locally as in iritis.

(b.) Plastic.

Symptoms ; as in plastic iritis ; total posterior synechia, opacities in vitreous, yellowish or greenish membrane behind lens (pseudoglioma), retina, detached, atrophy of iris and ciliary body, tension decreased, globe atrophied and shrunken.

(c.) Purulent.

Symptoms ; as in purulent iritis and choroiditis.

2. Sympathetic ophthalmitis. (Sympathetic ophthalmia).

Causes ; Other eye with injury, especially in ciliary region, or foreign body, with cyclitis ; other eye with partial atrophy, stump irritable tender, lost by wound.

Danger begins about two or three weeks after injury, decreases after three months, present for years.

Symptoms ;

(a.) Irritation ; fatigue of eye, temporary clouds, photophobia, lachrymation, pain.

(b.) Ophthalmitis ; Serous irido-cyclitis. May become plastic irido-cyclo-choroiditis. May be acute or insidious. May be preceded by sympathetic irritation.

Treatment ;

(a.) Exciting eye.

During irritation ; enucleation.

During ophthalmitis ; enucleation, if blind ; otherwise as for iritis.

(b.) Sympathising eye.

Absolute rest and darkness, atropine.

Leeches to temple.

Ciliary staphyloma. (Anterior staphyloma, corneoscleral staphyloma, cyclo-keratitis, cyclo-iritis).

Bulging of ciliary region at some part.

Symptoms ; Subacute, relapsing ; ciliary congestion, deeper in places ; bulging. Plastic iritis, pain, photophobia ; adjacent cornea with haze. Ultimately only dusky bulging. As a rule, occurs in adults.

Treatment ; Yellow ointment, calomel ; atropine ; Heat ; blister temple. Tonics, mercury.

Wound.

Very dangerous, especially if there is foreign body. Starts cyclitis.

Treatment ; As for iritis.

If eye is useless, or causing sympathetic irritation, enucleation.

VITREOUS.

Soft vitreous. (synchysis).

Occurs in chronic disease of choroid and ciliary body, in old age, in high degrees of myopia.

Opacities.

1. Floating ; Dust-like, in syphilitic choroiditis.

Larger, in choroiditis, irido-cyclo-choroiditis, posterior staphyloma, hæmorrhage from choroid.

Cholestrine ; bright glittering crystalline particles (synchysis scintillans).

2. Fixed ; Membranous ; in cyclitis.

Pus and lymph ; in cyclitis, choroiditis.

Thread-like, attached to disc ; persistent hyaloid artery.

Foreign Body.

May cause cyclitis or panophthalmitis ; may become encysted.

Treatment ; Try to extract with electro-magnet, if iron or steel. Enucleation.

Hæmorrhage ; caused by blow ; may leave permanent opacities.

Cysticercus ; rare.

(To be continued.)

NOTICES.

We desire to give notice that subscriptions will not be received for less than one year at the published price, six shillings. Those who wish the GAZETTE forwarded by post for a less period than twelve months must remit the full price at 2½d. per copy.

The Hospital Gazette.

SATURDAY, DECEMBER 12, 1885.

EDITORIAL AND PERSONAL.

We are asked to state that the lecture which was to have been given by Surgeon Norton to the members of No. 2 Company of the Volunteer Medical Staff Corps at the London Hospital on this day (Saturday) has been postponed.

At a meeting of the Smoking Concert Committee of the Volunteer Medical Staff Corps, which was

held last Monday evening at St. Bartholomew's Hospital, Sergeant Bontor in the chair, it was decided that the first concert should be given by members of No. 3 Company; it was fixed to take place next Tuesday evening, December 15th, at eight o'clock.

In last week's issue of *Health* we were pleased to notice a most interesting account of the ambulance arrangements of an English Army Corps in war. The writer (Surgeon-Major Evatt, M.D., of the Army Medical Staff) describes through what different organizations a wounded soldier passes from the time a bullet strikes him when engaged with the enemy, until he finally reaches England; viz., the regimental aid, the bearer company, the field hospital, the sick convoy, the stationary hospital on the line of communications, the base hospital, the hospital ship and the sick transport ship which conveys the wounded from the base of operations to England; and, lastly, the large English military hospitals, where the soldier remains until he is returned to his duty or discharged from the army. A diagram of the plan of the medical arrangements of an English Army Corps, with 8 bearer companies, 14 field hospitals, 8 stationary and 2 general hospitals accompanies the paper. We should advise all members of the V.M.S. Corps, and others interested in ambulance work in the army, to avail themselves of this opportunity of becoming thoroughly acquainted with this subject.

MANY months ago a paragraph went the round of the papers to the effect that it was intended to make the classic anatomical text-book of Gray accessible to the Celestial intellect by means of a translation of the work into the Chinese language. This colossal labour has at length been successfully accomplished by Dr. John Dudgeon, who, for more than twenty years of his life, has found it possible to exist in the city of Peking. Such a work in a country like China is likely at first to prove something in the nature of an infernal machine, for not a page of it but must of necessity contain information fatally subversive of Celestial ideas respecting the structure of the human form divine. Especially is this likely to be the case when it is remembered that any more than usually ingenious or aspiring native of the Chinese Empire could achieve immortality by a re-arrangement of the internal anatomy of his countrymen, in agreement with either his own preconceived notions of what ought to be, or in harmony with the dictates of revelations made to him during the holy hour of spirituous intoxication. That "those who ought to know," however, do not despair of good resulting from the dissemination of accurate anatomical secrets in China, is evidenced by the fact that the Baptist Missionary Society is seeking means for procuring and issuing a Chinese translation either of the British Pharmacopoeia, or of Squires' "Companion." May they succeed and prosper.

On Tuesday last, at Oxford University, the question of certain long-contemplated changes in connection with the examinations for the M.B. Oxford was

considered at length, and consent was given to modifications, which, as soon as they are published in detail, will be laid before our readers. Furthermore, a most important step was taken in the direction of instituting the degrees of B.S. and M.S., Oxford having hitherto never conferred a separate surgical qualification. To the suggested innovation unanimous consent was given, and as soon as possible the necessary extension of powers of graduation will be obtained, and a scheme of examination for the degrees announced. One feature about the "Master in Surgery" will be that, unlike the Master of Arts degree, it will not be conferred on the basis of University standing alone; but, on the contrary, candidates who aspire to its possession will be required to pass an examination of considerable severity before they can gain the coveted honour. This is as it should be in this progressive age; but we trust that the standard for the lower degree of B.S. will not be pitched in too inaccessible a key.

DR. COLLIE, Superintendent of the Eastern Hospitals under the Metropolitan Asylums Board, was, on Saturday last, reinstated in his post, from which he had been deposed owing to the recent enquiries into the expenditure and management scandals in connection with the asylums. At the meeting of the Board, when this matter came under discussion, a very long and heated debate took place, and the reports of the proceedings afford an amusing study to the cynically-inclined. One sapient city gentleman desired to refuse to receive deputations from the several Medical Associations which were in waiting, on the ground that if this was done the Board must in future receive every Trades Union deputation urging the claims of a discharged workman; and he seemed disappointed that a majority of his colleagues did not sympathise with his dense stupidity. That man would be a fortune in a cabinet-maker's shop.

LAST week an inquest was held on the body of Mr. John Arkell, the proprietor of a public-house in Islington, who had committed suicide by shooting himself with a revolver. In the course of the inquiry a gentleman said that he represented a large body of working men belonging to several Trade and Friendly Societies, and should like to be allowed to ask the witness a question, viz., whether the deceased had got into difficulties through horse-racing or betting. This having been answered in the negative, he said the reason he asked the question was that on the 6th of September a Church Parade and Demonstration was held on behalf of the funds of the Great Northern Central Hospital. Several months having been devoted to the organisation, about £100 was collected, principally in coppers, and the money entrusted to the deceased, who acted as treasurer. On the 26th of October the balance of £70, in the form of a cheque drawn by the deceased, was presented publicly to the Committee of the Hospital, and after being paid into the bank was returned marked "N.S.," and a few days afterwards he committed the act which has since proved fatal. The witness Butt said it was the fault of the hospital

authorities in not paying the cheque in sooner, as the money was then in the bank.—The Coroner said he could not agree with that. He thought it a very dishonourable act to have used this money, which had been collected for a hospital that was in such need of funds. The widow, recalled, in answer to the Coroner, said there was no possibility of the hospital claim being met.

THE USE OF MEDICAL ORGANISATION.

THE prompt action of the Medical Defence Association in taking up the case of Dr. Collie, and memorialising the Local Government Board and Metropolitan Asylums Board to reinstate him in his former position, has, happily, been successful. We are pleased to report that at the meeting of the last-mentioned Board, on Saturday last, a resolution was passed, by 23 votes to 21, removing the suspension from Dr. Collie.

The history of the Eastern Hospital Scandal is now pretty well known to our readers. The fact cannot be denied that there was grievous laxity in the management of the institution, and gross extravagance in every department of expenditure. But the responsibility did not rest with Dr. Collie, although in some matters, more especially as regards the medical extras, he ought to have exercised closer supervision. The Hospital Committee neglected their duty, in allowing one or two of their number, and the steward, to have the control of the hospital almost entirely in their own hands; and although this cannot be advanced as an excuse for Dr. Collie's neglect, it may fairly be urged that as none of those who were chiefly to blame for the mismanagement are punished, he ought not to be made the scapegoat, especially as it is admitted by all parties that, during the fifteen years Dr. Collie has been an officer of the Board, he has discharged his medical duties in the most efficient and exemplary manner.

We cannot congratulate the Asylums Board on the manner in which they have dealt with the question. For instance, when the question of receiving the deputations from the Medical Defence Association, the British Medical Association, and the Poor Law Medical Officers' Association, which attended at the Board's meeting-place last Saturday, was brought forward, Mr. Pell, late M.P. for Leicestershire, moved that the deputations be not received, as he objected to deputations from medical bodies. The managers should receive deputations only from injured ratepayers, and these were not from ratepayers. Mr. Tattershall, who supported Mr. Pell's proposition, said he regarded the deputations as on a par with trade unions, and if the Board received them they would be asked to receive deputations of working men whenever it was proposed to discharge a workman. The Board rejected Mr. Pell's proposition by 27 votes to 20, but we are surprised that twenty members of a board like the Asylums Board, albeit most of the members are tradesmen, should insult some of the leading members of a learned profession, headed by an eminent Fellow of the Royal Society, by debating whether they should be received or not. As for not being representatives of ratepayers, all

the members of the deputations are very large rate payers, many of them probably contributing more to the rates than most of the members of the Board themselves.

This being the spirit in which the deputation was received, it was to be expected that the question of Dr. Collie's reinstatement was discussed in a most acrimonious manner, the opposition to Dr. Collie being led by Mr. Pell, who was doubtless smarting under the blow he had just received at the hands of the electors of Leicestershire. His great objection to Dr. Collie appeared to be that he had once actually ordered two cigars for a convalescent patient, and had repeatedly ordered "chicken-broth at two shillings a pint" for some of the fever and small-pox patients. These are weak grounds indeed for ruining a Medical Officer of the Board, and we are very pleased that the Board were not led by Mr. Pell's arguments to do what would have been a gross act of injustice.

The division was, however, a very close one, and we feel positive that had not the profession come to Dr. Collie's assistance in the manner they did he would now have been cast upon the stream to begin life afresh. The president and members of the Medical Defence Association are to be warmly congratulated on the success which has attended their efforts to befriend a brother practitioner in his hour of difficulty.

MEETING OF FELLOWS AND MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.

On Thursday next, December 17th, another meeting of Fellows and Members of the Royal College of Surgeons of England will be held in the Theatre of the College, when the Council will present to the assembly a document which is probably destined to acquire historical interest on more accounts than one. It comprises answers to the demands formulated by the last meeting of fellows and members, and reasons for giving to these answers the negative form, which is their distinguishing feature. It will be remembered that the meeting referred to sought that in the future government of the Corporation, its members, numbering nearly seventeen thousand, should be admitted to have some share, by assisting at the election of the Council; and also that the fellows and members should be consulted by the Council before the latter moved in the direction of acquiring power to alter the charters and bye-laws of the College. It is almost useless to say that the Council have absolutely refused to yield on either point. This, all who have followed the history of the dispute will have been prepared to learn; but none, we venture to think, will have gone so far as to anticipate that the Council would have striven to justify its position of negation. This, however, they have done, by publishing, along with the refusal in question, one of the most ludicrously foolish manifestoes that have ever been gravely laid before the public. Even their supporters outside have long felt that the Council could not forcibly advance any arguments to back their proceedings; but never, surely, could have dreamt that the foolish document, dignified under the head of "reasons," would be

seriously put forward for the consideration of sensible men.

It would take us too long, and be too little profitable, to repeat here what these arguments are. Any member or fellow not already supplied with a copy of the precious composition, can obtain it on application to the Secretary, at the College; and whoever takes the trouble to peruse it, will most assuredly follow us in sincerely commiserating the ill fortune which has possessed the President and Vice-Presidents of the College, by compelling them to append their signatures to such a farrago of nonsense as the report aims at.

But there is stern occupation before the constituency of the College—that of indulging the irresistible desire to smile at the ostrich-like policy of its present governing body. The insult offered to the intelligence of fellows and members of the Corporation has been too persistent, and, in this latest development, too flagrant, to permit that any further delay shall take place in the performance of the duty that lies before them—the duty of making it apparent to the Council that they have perpetrated a full measure of the sins that can be overlooked, or endorsed; and that henceforth they must deal with judges, and not with dupes. Hitherto, any specious protest, or even no protest at all, has served the turn of the arrogant oligarchy of the College; the time has come to inform them that even an irresponsible power can stretch its presumed privileges beyond the point at which endurance is possible. At the meeting on Thursday next, it is the plain duty of fellows and members to take the first step towards vindicating the prerogatives so long filched from them, by proving to the Council that they are no longer amused by the preposterous assumptions put forward for their political extinction; and that they have the will, as well as the power, to make themselves respected and obeyed by those whose legitimate office is obedience to the behests of their constituents.

Medical News.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed the Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, November 26th, 1885:—W. F. Dewsnap, M.R.C.S., 1, Theresa, Terrace, Hammersmith; J. S. Edye, M.R.C.S., 21, Elgin Road, St. Peter's Park, W.; W. G. Ellis, M.R.C.S., Banstead Asylum, Surrey; G. S. Ware, M.R.C.S., Devon Villa, Harrow; J. W. Winterburn, 12, Cable Road, Battersea, S.W.

VACANCIES.—Dental Hospital of London, Leicester Square—Two Assistant Anæsthetists; applications by December 14th. Middlesex County Lunatic Asylum, Colney Hatch—Assistant Medical Officer; salary, £150 per annum; applications by December 17th. Paddington Workhouse Infirmary—Assistant Medical Superintendent and Dispenser; salary, £100 per annum; applications by December 16th. Sheffield Friendly Societies' Medical Institution—Resident Medical Officer; salary, £170 per annum; applications to Mr. C. Belk, Fulton Road, Sheffield. Torbay Hospital and Provident Dispensary, Torquay—Junior House-Surgeon and Dispenser; salary, £90 per annum; applications by January 1st, 1886. Victoria Hospital for Children, Queen's Road, Chelsea—Senior Surgeon; applications by December 21st. Victoria Hospital for Children, Queen's Road, Chelsea—Second Surgeon; applications by December 21st. Victoria Hospital for Children—

Queen's Road, Chelsea—Second Surgeon on the In-Patient Staff; applications by December 21st. Worcester Amalgamated Friendly Societies' Medical Association; salary, £130 per annum; applications by December 15th.

APPOINTMENTS.—F. W. S. Culhane, appointed Medical Officer to the No. 3 District, and Public Vaccinator to the No. 2 District, Hastings Union. T. Horne, L.R.C.P., L.R.C.S.Ed., appointed Medical Officer and Public Vaccinator to the Stockton Union, *vice* Arthur E. H. Trotter, M.R.C.S., deceased. Sydney H. C. Martin, M.D.Lond., B.Sc., M.R.C.P., appointed Physician to the Dispensary for Foreigners. Frank A. Spreat, M.R.C.S. Eng., appointed Registrar to the North-West London Hospital.

University, College, and Hospital Intelligence.

BIRMINGHAM.

APPOINTMENT.—Mr. Sydney Barwise, M.R.C.S., L.S.A., has been appointed by the Guardians to one of the three districts into which Birmingham has lately been sub-divided for the purpose of administering out-door medical relief.

INGLEBY LECTURES.—Dr. Wade, F.R.C.P., was unable to deliver the second lecture on Thursday last, owing to a severe attack of rheumatism, from which, we are pleased to hear, he is now recovering.

STUDENTS' COMFORT AT QUEEN'S COLLEGE.—Mr. Ernest J. Ganghoo writes:—"Now that the cold weather is well upon us, the unceasing wish of our council to provide for our comfort is made more apparent than ever, and testified to by the general warmth and cosiness of the College. But seriously speaking, cannot the Council see their way to restore the old fire to the students' room, and remove the freezing apparatus put in its place. The room is never over cheerful, but in the cold weather it is worse than ever. There is another little point I should like to touch on, and that is, the absence of lavatory accommodation except in the dissecting room, which is only open to dissectors. The Materia Medica Museum wants looking after. It should be properly warmed, and a few dozen of the fancy glass bottles containing capsaiba capsules, iodoform pastilles, cod-liver oil emulsion, and other preparations, merely placed there for advertisement, might be with advantage removed, and replaced by more useful, if indeed not such elegant specimens. These may be considered trifles beside the great improvements effected by Dr. Windle, but they are little matters often complained of, and if this should catch the eye of any of the Council, I trust the matter will be looked into. Our new M.P., Dr. Foster, has returned, and the question now is, How does he propose to fulfil his engagements at the College and the Hospital, and his duty at St. Stephen's?"

GLASGOW UNIVERSITY.

FOOTBALL.—*Glasgow University v. Edinburgh Collegiate.*—This match was played on the ground of the former on the 28th ult., and resulted in a victory for the home team by 1 goal, 2 tries to nil. The second fifteens also met on the same day at Edinburgh, and resulted in an easy victory for the visitors by 2 goals, 2 tries to nil. *Glasgow v. Aberdeen.*—This inter-university match was played on the Glasgow ground at Gilmorehill, and, after some very exciting play, the home team won by 3 tries to nil. In the inter-city match (Glasgow v. Edinburgh) Fraser, quarter, and Macleod, forward, for the University, distinguished themselves by their fine play, on the 5th inst.

UNIVERSITY CONSERVATIVE CLUB.—A smoking concert in connection with the University Conservative Club was held in the Alexandra Hotel, on the 5th inst., when about 150 students and friends assembled together, and passed an exceedingly pleasant evening.

ANDERSON'S COLLEGE.—At last Saturday's meeting of the Medical Society, Mr. Harry Smith read a paper on "Dyspepsia." The Society's Annual Concert will be held in the Waterloo Rooms, Waterloo Street, on Tuesday, the 15th inst.

Notices of Books.

THE EXTRA PHARMACOPŒIA.*

No greater or more convincing proof of the utility of a professional book can be afforded than the fact of its having gone through *four* editions since the year 1883. Nevertheless, no literary production can so approach perfection as not to need correction. The greatest of painters has to repeatedly "touch up" his masterpiece; and that good may be made better is shown by a careful perusal of the excellent work now before us. In pages 394-95, we notice that the doses of nux vomica, and opium are not correctly rendered. We also find that Dr. Westcott has drawn fairly on Dr. Neale's New Digest respecting the therapeutic action of drugs. We disclaim any objection to the practice of reference from one author to the works of another, as he thereby renders great service to the student world in circulating the views of another authority; and also to the latter in like manner; besides producing valuable testimony to the correctness of his own propositions; but, for this very reason, we think the "Digest" in question might have been afforded special mention in this work's preface.

We are much gratified to see that, in this new edition, the New Pharmacopœia has been consulted; and also that, allowance being made for the oversights already touched upon, its pages have been carefully revised afresh, rendering it a most admirable work of reference. It is also in itself a testimony to the utility of Neale's "Digest," to which we have already referred. We have no doubt that the present edition will be as highly appreciated as those which have preceded it.

Correspondence.

THE BRUSSELS M.D.

To the Editor of THE HOSPITAL GAZETTE.

SIR,—As the Brussels M.D. has attracted some attention in this country, my recent experience of their last so-called examination may be of some service.

There are three doctorates, but I will specially refer to the first one, which is conducted by four professors. A. examines in medicine; a few questions on one disease suffice to satisfy him of the candidate's knowledge of the vast domain of medicine, and we pass to professor B., who examines in mental diseases; then follows professor C., with therapeutics, till finally we reach professor D., whose subject is pathology. This gentleman is not popular, and yet he presents sufficient variety to render him especially charming—for example, in reply to a question about "canoroid," one candidate, through a misunderstanding, describes the whole characters of "chancre." The professor is completely satisfied, and the candidate is passed.

Another candidate, who in other respects has done well, cannot give a clear answer to the question, "What are the differences between the arachnida and insecta?" Such a gross ignorance of *pathology* cannot be overlooked, and the candidate is ploughed.

At the examination this month, there were nine candidates, three of whom are examined at a time. I was allotted to the third batch, and had the privilege of attending on the previous evenings. The first six men passed. I heard the questions put, and the answers given, so I formed a fair estimate of the average standard required. When my batch was examined, we certainly acquitted ourselves as well as the preceding candidates, and we left the room confident of success. We were recalled in half-an-hour, and to our utter amazement, we were informed that we had all failed. We could learn no reason—the professor departed, and we were left alone, astounded and indignant.

It was the first failure of my whole career, and, as far as Brussels is concerned, it shall be the last, for I have no inten-

tion of again presenting myself before such an uncertain ordeal. I am writing this for the benefit of my brother practitioners and students, some of whom may be desirous of obtaining this degree. If they possess our British love of fair play, let them remain in Britain, or if they go to Brussels, let them expect but little courtesy or justice; let them not even expect to be examined. They will certainly be asked questions, after which a verdict will be passed; but as there is no apparent relation between the two, I contend there is no true examination. For this reason, additional study is unnecessary, and Green's Pathology possesses no special advantage over the New Testament.

In conclusion, I may add that I am now looking forward to a time, at no dim and distant future, when, without the assistance of Brussels, a diplomate of the two London Colleges will be entitled to style himself

M.D.

London, Dec. 9th, 1885.

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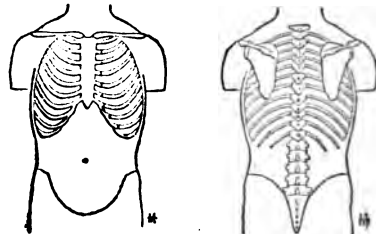
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IMPORTANT ANNOUNCEMENT.

CHRISTMAS VACATION.

WE beg to inform our Subscribers that, in accordance with our usual custom, THE HOSPITAL GAZETTE will not be Published on Saturday next, the 26th inst.

The next number will be published on Saturday, January the 2nd. Advertisements for this number, should reach the Office not later than December 30th.

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Notes by the Mag.

WHEN Parliament meets next month, there will be no less than sixteen members of the medical profession entitled to take their seats, so that we may hope medical affairs will be well looked after, and it may be that we shall get a sensible measure of Medical Reform, although those medical men who have succeeded in forcing their way into the House have not distinguished themselves as medical reformers, but rather at representing other interests. Thus, the doctors sent from Ireland, some four in number, have been elected because they are hot Parnellites. Among them is Dr. C. K. D. Tanner, late Demonstrator of Anatomy at Queen's College, Cork, and son of the Dr. Tanner who gained some notoriety at the time of the Prince of Wales' last visit to Cork, by manifesting what was taken to represent feeling of hostility to the Prince. A welcome addition to the House is Dr. G. B. Clark, who has distinguished himself by championing the cause of the poor Scotch crofters, and will, with the assistance of the other crofter representatives, four in number, see that justice is done to these unfortunate and oppressed persons.

WHAT will the patients of the medical M. P's. do whilst their doctors are attending to their Parliamentary duties? Some of them are in good practice, and will doubtless find that a seat in Parliament cannot be held without great pecuniary sacrifices.

AMONG the many extraordinary cases which have been reported of late, the following case of a glass-eating individual, which is reported in the *New York Medical Review*, by Dr. Burke, of Texas, takes high rank. He writes:—"I witnessed the other day what seemed to me to be an impossibility, a human being eating glass, I might say, by wholesale. I had heard of the negro before he reached our town, and I, like all others, disputed his ability to eat glass without its doing him serious injury. When he arrived, I witnessed his exhibition, both in private and public, and I am now thoroughly satisfied, from careful examination of his mouth and throat, before and while eating the glass, that he eats it fairly and squarely. He is not very particular to chew it very fine. I saw a piece in his mouth, after he had chewed it, a quarter by half-an-inch long, made into all kinds of shapes and sizes by crushing it with his teeth. He informed me that he had been at it for 20 years, and had never had the least discomfort from its effects, and that he has daily passages of glass through the bowels. He eats it in any quantity, from a small piece to a whole lamp-chimney at a time, and keeps it up during the day, making his living by exhibiting his extraordinary power."

ON Sunday last the granddaughter of Mr. John Malcolm, member of the Royal College of Surgeons, of 17, Torrington Square, W.C., met with her death under mysterious circumstances. According to the evidence given to the Coroner by Mr. Malcolm, the young lady went to bed as usual on Saturday night, but between two and three o'clock in the morning he

heard a noise in her bedroom, and on going to see if anything was wrong, found the room empty, and the clothes removed from the bed. The two folding windows were open, and a sheet was fastened to an iron bar in the window frame. He found that all the sheets and blankets had been fastened together. He went into the street, but could see nothing, but in the area he found a hat and a shoe. He came to the conclusion that the deceased had made her escape from the house by means of the rope formed by the bedclothes, and had run away. He accordingly went to the Hunter Street police-station, and gave information that his granddaughter was missing, and afterwards went home and retired to bed. His wife aroused him about seven, and told him that the deceased had been found on the balcony, either dead or dying. He found the deceased lying there, fully dressed, with the exception of her bonnet and shoe. Dr. Duncan was fetched, and pronounced death to have been instantaneous. Witness could not account for the occurrence, as the deceased could have left the house by the front door. Some letters were produced in the deceased's writing, and reference was made to one containing the following words:—"Can I see you at once; it is a matter of life or death to me.—G. W." Witness could not understand this, and was not aware that she was in communication with any one. The servant, in her evidence, stated that the deceased was corresponding with a gentleman. She was afraid her grandmother would not let her leave the house to go to a situation. She had to correspond with her young man secretly. She was afraid lest her grandmother should know of her correspondence; and it was probable she wanted to be more at liberty to associate with him, and had expressed a wish to leave home, as she thought she would be happier. The gentleman referred to was Mr. Oswald H. Brown, a medical student, who was called by the Coroner as a witness, and stated that he had corresponded with the deceased, but had never persuaded her to leave her home. He had heard she was desirous of getting a situation. Witness had no idea of her leaving her home summarily. The deceased complained of being over-worked and ill-treated by her grandmother. The result of the inquest was that the jury found that she died "from the effects of fracture of the skull, caused by her falling from a window, out of which she was attempting to lower herself by means of sheets and blankets tied together, and that her death was accidental." It must be very satisfactory to Mr. Brown to know that his conduct in no way contributed towards bringing about her untimely end.

A PROVINCIAL correspondent asks me what I think of the following advertisement, which is cut from a Diss newspaper:—"Mr. Rose, Surgeon, Diss, and Medical Officer of Health, having resigned all Union and parish practice, now devotes his entire time to private patients, and intends to practice, under the ancient, modern and speciality system, new and very valuable discoveries in medicine. Consultation fee moderate for cash. Hours of attendance, ten till eleven in the morning, three till four in the afternoon, seven till eight in the evening.—Hill House,

Denmark Street, Diss. Nov. 12th, 1885." It is difficult to say what one thinks of such a brilliant announcement; it quite takes away one's breath to hear of a doctor treating patients under the "ancient, modern and speciality system." This "ancient-modern" arrangement reminds one of white-black paint, or a cold-hot bath. Mr. Rose, I think, wants a little "ancient-modern" treatment himself, and I strongly advise his friends to look after him.

FROM Churchill's *Medical Directory* I learn that there is a Mr. Rose practising at Diss, Norfolk (his system of treatment is not mentioned), who is M.R.C.S., 1843, and L.S.A., 1831. As he has been 54 years in practice, he ought to know something about ancient treatment, whatever he may know about modern methods. If I may be permitted to make a suggestion, I would recommend Dr. Quain to make Mr. Rose's acquaintance, and try to get the secret of his "ancient-modern" system out of him. It would make a most interesting article in his next edition of the *Medical Dictionary*.

BUT, seriously, cannot something be done to stop this advertising system? What is the use of the Medical Council if they cannot stop this sort of thing? One would think that the Royal College of Surgeons would pay some attention to the conduct of their members; but the Council of that body appears to be superior to noticing the eccentricities of those who hold the College diplomas.

A SCANDALOUS attempt at fraud, by a medical student, has just been exposed at Belfast. The delinquent, Mr. J. B. Thompson, attempted to alter a forged certificate of matriculation in the Royal University of Ireland, for which he was tried before Baron Dowse, at the Omagh assizes last week, and pleaded guilty. The following are the circumstances relating to the offence and its discovery:—The accused forwarded, six months ago, to the branch Medical Council in Dublin, what purported to be a certificate of having passed the matriculation examination of the Royal University in November, 1881. The attention of the registrar, Dr. Heard, was attracted by the date "November." October has been the usual time with the Royal University for holding its matriculation examination; but its first examination was held in December, 1881. A further scrutiny revealed other discrepancies. The document was an excellent lithographed imitation of the lithographed forms on which the University issues its certificates, so that the parties to the transaction must have gone to the expense and trouble of forging the lithograph. A close examination of the genuine form and the forgery brought out several minute differences. The signatures of the secretaries of the University are attached to genuine certificates by means of an impressed stamp; but in this case the names were written in an ink resembling the genuine ink. Had the date been correct, the forgery would most probably have escaped detection. It is believed that this is the first case of the kind in connection with the Royal University of Ireland, but there is no doubt similar frauds have often been practised.

PERIPATETICUS.

MATRICULATION CHEMISTRY.

By A. C. MAYBURY, D.Sc.Lond., M.R.C.S., &c.

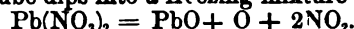
(Continued from page 420.)

L.—NITROGEN TETROXIDE (PEROXIDE OF NITROGEN, HYPONITRIC ACID) NO_2 .

Molecular weight=46. Density=23. Molecular volume $\square\square$. 1 litre weighs 39 criths.

287. Preparation.—1. It may be prepared synthetically by mixing nitric oxide (2 vols.) with oxygen (1 vol.), both being thoroughly dry:— $\text{NO} + \text{O} = \text{NO}_2$. As nitric oxide consists of equal volumes of nitrogen and oxygen, the peroxide must consist of 2 volumes of oxygen and 1 of nitrogen.

2. A good plan is to heat dry lead nitrate, when lead monoxide, oxygen, and peroxide of nitrogen are formed. In this process there is some loss of peroxide, carried off by the oxygen, even when the eduction tube dips into a freezing mixture—



The vapour may be collected by displacement, and condensed by a freezing mixture to a blue liquid. The colour is owing to a trace of moisture. If the receiver is changed, and moisture excluded, the gas may be obtained in crystals.

3. A better plan is to gently heat arsenic trioxide, covered by nitric acid (sp. gr. 1.39) in a flask. Red fumes of nitrogen trioxide and tetroxide are formed, and may be condensed by a freezing mixture. By passing a current of air or oxygen through the solution, the trioxide is converted into tetroxide, and may be purified by distillation.

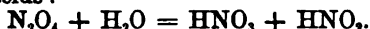
288. Properties.—Nitrogen tetroxide is a reddish-brown vapour, something like that of bromine. Heat darkens its colour, and it becomes almost black at 40°C . It solidifies at -90°C . in colourless rhombic crystals which form a colourless liquid below -9°C . of sp. gr. 1.45. At -9°C . the colour is greenish-yellow, becoming more marked as the temperature rises, till it becomes orange at 10°C ., and yellow at 15°C . The depth of colour gradually increases up to 22°C ., when it boils, producing an orange-red vapour with a powerful unpleasant odour. When the gas is heated, it gradually darkens, and generally appears almost black and opaque. This black vapour consists of the molecules NO_2 . These changes in colour are accompanied by a diminution in the density of the liquid, and it is not improbable that, at low temperatures, the molecule is N_2O_4 , with a density of 46; while, at a higher temperature (near 100°C .), NO_2 is formed by dissociation, with a density of 23. At intermediate temperatures the gas consists of the two molecules in varying proportions.*

* Playfair and Wanklyn have found the densities of the vapour of nitrogen peroxide at different temperatures to be as follows:—

Temperature.	Density.
Air=1	
97.5°	1.783
24.5°	2.500
11.3°	2.645
4.3°	2.598

The density required by the formula N_2O_4 as compared with air is 3.1786, and that for the formula NO_2 is half this, or 1.5893. The vapour densities found by experiment are all intermediate between these extremes, that found at 97.5° not differing very much from the lower calculated number, while those found at lower temperatures approach more nearly to that required by the formula N_2O_4 . Therefore, it seems probable that nitric peroxide exists in two forms, NO_2 and N_2O_4 , which pass into one another as the temperature changes, the vapour at the temperature of 97.5° consisting mainly of NO_2 , while at ordinary temperatures N_2O_4 greatly predominates.

Nitrogen tetroxide is decomposed by a small quantity of ice-cold water, with formation of nitric and nitrous acids:—



If an excess of water at the ordinary temperature is added, we get nitric acid and nitric oxide from the decomposition of the nitrous acid (§282).

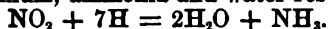
As nitric acid is formed, the solution becomes successively blue, green, and orange, these colours being due to the solution of undecomposed nitrogen peroxide in the aqueous nitric acid, which, as the strength increases, is capable of dissolving a larger quantity of the peroxide*. The similar colours produced when solution of nitric acid and nitric oxide are mixed are probably produced in a similar manner, nitric peroxide being formed by the partial reduction of the nitric acid:— $\text{NO} + 2\text{HNO}_3 = \text{H}_2\text{O} + 3\text{NO}_2$.

If oxygen is present, this nitric oxide is converted into the peroxide, which is again converted into nitric acid.

With alkalis, as potash, a nitrate and nitrite are formed:—



Nitrogen peroxide, when quite dry, has no acid reaction. It is corrosive, and dangerous to inhale. When a mixture of it and hydrogen is passed over heated platinum, ammonia and water result:—



Nitrogen tetroxide (NO_2) allows phosphorus and carbon, but not sulphur, to burn in it with great brilliancy, its behaviour with ignited combustibles being similar to that of nitric oxide, nitrogen being set free.

It is not decomposed by a dull red heat, but readily parts with its oxygen to sulphur, phosphorus and certain metals as copper (§289). On account of its acidity of action, it destroys animal effluvia. Thus if a jar filled with its vapour is inverted over one containing sulphuretted hydrogen, nitric oxide, water, and sulphur are formed, great heat being evolved:— $\text{NO}_2 + \text{H}_2\text{S} = \text{NO} + \text{H}_2\text{O} + \text{S}$.

An aqueous solution of sulphuretted hydrogen decomposes it, sulphur water and ammonia being produced:— $2\text{NO}_2 + 7\text{H}_2\text{S} = 7\text{S} + 4\text{H}_2\text{O} + 2\text{NH}_3$.

It instantly decomposes potassium iodide, iodine being set free. Potassium, at ordinary temperatures, takes fire in the vapour of the gas and burns with a red flame. Nitrogen peroxide sometimes acts as a reducing agent, as upon permanganates by reason of the formation of nascent nitrous acid, which abstracts oxygen to become nitric acid. More commonly, however, it is a powerful oxygenant, being reduced to nitric oxide, ammonia, and nitrogen by successive processes. Nitrogen peroxide, or *nitryl*, is a univalent compound radicle like chlorine, bromine, and iodine, and produces, with many organic bodies, nitro-compounds, as gun cotton, $\text{C}_{30}\text{H}_{22}(\text{NO}_2)_9\text{O}_{15}$, nitro-glycerine, $\text{C}_3\text{H}_5(\text{NO}_2)_3\text{O}_3$, essence of mirbane, $\text{C}_6\text{H}_5(\text{NO}_2)$, picric acid, $\text{C}_6\text{H}_3(\text{NO}_2)_3\text{O}$, &c.

289. *Composition*.—This gas may be analyzed by passing a known weight of its vapour through a combustion tube containing metallic copper heated to redness. The

oxygen of this gas combines with the copper, and the nitrogen is collected in a jar containing mercury, above which is a small quantity of potash solution. Before heating the copper, air should be expelled from the combustion tube by a current of carbon dioxide, and another current should be passed after the decomposition of the peroxide has been completed. The first current removes air from the tube, the second expels any nitrogen that may remain behind. As the potash above the mercury absorbs carbon dioxide, while nitrogen is unaffected, we can measure the volume of the latter and thence deduce its weight. Deducting this from the weight of nitrogen tetroxide experimented on, we get that of oxygen. This analysis, taken in conjunction with its vapour density, enables us to assign to this substance the formula NO .

290. *Test*.—Nitrogen peroxide may be distinguished from nitrous acid by imparting a blood-red colour to a neutral solution of potassium sulphocyanide (KCNS). An excess of the peroxide bleaches the colour.*

291. *Compounds of Nitrogen and Oxygen*.—The influence of proportion in modifying properties is well seen in the case of these compounds, which differ greatly among themselves. In the case of the atmosphere where the two gases are mechanically mixed, the oxygen is merely diluted by the inactive nitrogen. These two instances show the great contrast between chemical compounds and mechanical mixtures.

Here it will be convenient to compare oxygen, nitrous oxide and nitric oxide in regard to certain points.

(a). *Solubility*.—Oxygen and nitric oxide are but slightly soluble. Nitrous oxide is readily soluble in water.

(b). *Action of Oxygen*.—Nitric oxide combines with free oxygen; the remaining two do not.

(c). *Electricity*.—Oxygen is converted into ozone by electric sparks. Nitrous oxide is resolved into oxygen and nitrogen; nitric oxide is but slightly affected.

(d). Oxygen is a brilliant supporter of combustion, nitrous oxide does not act so readily in this respect, and nitric oxide only supports combustion under certain conditions.

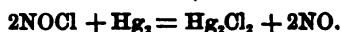
292. *Compounds of Nitrogen, Oxygen and Chlorine*, Nitroxyl Chloride, (nitryl chloride, nitric chloride), NO_2Cl (a) is one of the results of the action of chlorine on silver nitrate (§246). (b) It is also formed when a mixture of nitrogen pentoxide and chlorine are passed through a heated glass tube, $\text{NO}_2 + \text{Cl} = \text{NO}_2\text{Cl}$. (c) Chlorosulphuric acid and nitric acid when mixed give rise to this compound and sulphuric acid: $\text{SO}_2\text{HCl} + \text{HNO}_3 = \text{NO}_2\text{Cl} + \text{H}_2\text{SO}_4$. (d) The compound is best got by the action of silver nitrate or other nitrate on phosphorus oxychloride. Phosphate of silver is left in the retort $3\text{AgNO}_3 + \text{POCl}_3 = \text{Ag}_3\text{PO}_4 + 3\text{NO}_2\text{Cl}$.

Nitroxyl chloride is a pale yellow oil, which boils at 5°C . It is decomposed by water into nitric and hydrochloric acids: $\text{H}_2\text{O} + \text{NO}_2\text{Cl} = \text{HNO}_3 + \text{HCl}$.

293. *Nitrosyl monochloride*, NOCl . When aqua regia is gently heated this gas is evolved and also when phosphorus pentachloride and potassium nitrite act on one another:—



Nitrosyl chloride is an orange coloured gas which may be liquefied by a freezing mixture to a red fuming liquid. It boils at -8°C . With potash it forms potassium nitrite, potassium chloride and water. It combines with many metallic chlorides. It does not attack gold nor platinum, but is decomposed by mercury forming calomel and nitric oxide:—



* Nitric acid of high sp. gr. is a good solvent of NO_2 . Nitric acid (sp. gr. 1.51) saturated with NO_2 is of a deep orange colour; at 1.41, yellow; at 1.33 greenish-blue; and at 1.50, colourless. In the latter case, the quantity of the water is so great that it transforms the NO_2 into colourless nitric acid.

* Ferric chloride Fe_2Cl_6 , produces a similar colour of sulphocyanide of iron $\text{Fe}_3(\text{CNS})_6$.

NOTICES.

We desire to give notice that subscriptions will not be received for less than one year at the published price, six shillings. Those who wish the GAZETTE forwarded by post for a less period than twelve months must remit the full price at 2½d. per copy.

The Hospital Gazette.

SATURDAY, DECEMBER 19, 1885.

EDITORIAL AND PERSONAL.

At a meeting of the Council of the Royal College of Surgeons, held last week, the following motion was proposed by Mr. Hutchinson and seconded by Mr. Bryant: "That a Committee be appointed to consider and report to the Council whether it is desirable in any way to widen the basis on which the Fellowship is obtained, and, if so, by what method." After some discussion this resolution was carried, and the following Committee appointed:—Sir James Paget, Sir Joseph Lister, and Messrs. Marshall, Lund, Hutchinson, Cadge, Bryant, Hulke, and Hill, with the President and Vice-Presidents.

We hear with regret that our contemporary, the *Medical Times and Gazette*, is to be discontinued at the end of the present year. For more than fifty years the *Medical Times and Gazette* has occupied an honourable position as one of the leading organs of professional opinion, and had a deservedly high reputation for fearless and independent writing, and in maintaining a high professional standard.

Dr. Martin Miles, a physician and surgeon, practising at Stantonbury and Wolverton, died on the 10th inst. under painful circumstances at Stantonbury. He was visiting a neighbour in his professional capacity, when he was seized with an apoplectic fit, from which he expired in about 20 minutes. He was aged about 60 years, and had practised over 20 years in the neighbourhood.

THE Court of Examiners of the Royal College of Surgeons of England have taken steps for modifying the practical portion of the final or pass examination for the diploma of member, the direction of the reform being in the way of extending the time at present allotted to this part of the test. Henceforth, instead of each candidate being submitted to examination for ten minutes on each of the subjects of clinical surgery and diagnosis of cases, and surgical anatomy and bandaging, a quarter of an hour will be devoted to each section of the examination. These two "tables" will therefore occupy half an hour; the time at present devoted to the remaining subjects of pathology and treatment remaining the same as formerly, viz., twenty minutes. This change is a partial return to the old plan of examination, under which a quarter of an hour was occupied at each of the four tables, and the effect will, of course, be to extend the duration of the *visd voce* examinations.

The alteration is so far a favourable one to students that nervous candidates will have a longer time in which to recover themselves, and so probably will be able to improve the position they might otherwise obtain.

THE unseemly wrangling which has been going on in the United States in reference to the forthcoming Medical Congress, at last seems to be approaching a conclusion, and it is with no small satisfaction that we are enabled to contemplate the termination of a struggle which would be ridiculous were it not deplorable. It is no part of our concern to enquire what are the merits of the contending factions but in the face of the profession all over the world, to say nothing of the public, a very painful impression cannot fail to have been produced. While we yield to none in our respect for the many eminent members of the profession in the State, and whose reputation is world-wide, we cannot forget that there are probably few countries where the profession occupies a more ambiguous position than in America. This is attributable to a variety of causes, and in the long run will doubtless remedy itself, but it is, nevertheless, a cogent reason for preserving, at any rate, an appearance of decorum. All this might have been avoided if due provision had been made by the Committee of the last Congress for delegating its powers *in interim* to some duly constituted body, which would have made the necessary arrangements in the name and with the authority of the American practitioners. Let us hope that with the present examples before us, measures will be taken to prevent the recurrence of a deadlock, which must have damaged and might have shipwrecked the whole undertaking.

EXTENSION IN HIP-JOINT DISEASE.

At the last meeting of the London Hospital Medical Society, Mr. G. W. Richards in the chair, a paper was read by Mr. Mayo Collier, M.S.Lond., on the subject of "The Value of the American Extension Motion in Diseases of the Hip, Knee, and Ankle." In introducing the subject, the lecturer expressed his inability to deal with facts other than those of the hip-joint, in the time allotted for the reading of the paper. He then proceeded to define the extension motion system, by quoting the words which Mr. Adams delivered on the same subject to the Manchester meeting of the British Medical Association, as follows:—"The first principle is that of extension as a means of relieving the most acute pain in joint diseases, especially applicable to the knee and hip-joint. The second principle is that of extension combined with motion during the progress of disease, the patient being allowed to walk about, so as to promote recovery with free motion of the joint, instead of the ordinary result of ankylosis obtained by long-continued rest and immobility." Mr. Collier then discussed the anatomy of the joint, and pointed out that there were, on the head of the femur, three portions of true spheres, and that these fitted into three concavities in the acetabulum, permitting true ball and socket movements to a limited extent. He pointed out that motion beyond a certain extent dis-

placed the convexities and concavities, so as to allow the head of the femur to come into contact with the acetabulum at lines and points only. He then showed that in the extended position of the thigh, the capsule of the hip-joint was tense at every point, and that the capacity of the joint for the accumulation of fluid was at a minimum. Referring to the ligamentum teres, he expressed it as his opinion that it had no function in restraining the movements of the joint, and further stated that he disagreed entirely with the usually-adopted treatment for synovites of hip-joint, as likely only to increase the tension, and cause suppuration and rupture of the capsule. The position of the limb was due to the voluntary and purposive fixing of the joint by the patient, so as to avoid friction and consequent pain. That painful startings at night were due to want of co-ordination of the muscles, due to deficient cerebation. In dealing with the second stage of hip-disease, he insisted that the extension had the very reverse result of that claimed for it; as it could act in no other way than by thrusting the head of the femur into the acetabulum. He ridiculed the idea of ankylosis being the result of absolute fixation; but, on the contrary, it was invariably the result of the feeble attempts at fixation usually resorted to; and pointed out that in those joints where fixation was impossible, as in the temporomaxillary articulation, and that of the shoulder, diseases of these joints were invariably followed by ankylosis. He concluded by stating that he fully concurred with the views of Mr. Thomas, of Liverpool, and exhorted his audience to discard the American extension motion system as being in the highest degree dangerous and destructive to joints. An interesting and lengthy discussion ensued, after which the meeting terminated, a vote of thanks to Mr. Collier, for his paper, being unanimously carried.

AN AMBULANCE CORPS FOR IRELAND.

At the invitation of the medical authorities at Trinity College, Dublin, Surgeon-Major Evatt and Mr. Cantlie proceeded to Dublin, where they, on Friday, December 11th, addressed a meeting of students. Professor Haughton was in the chair. There were present, amongst others, Professors Bennett and Cunningham. The lecturers pointed out the advantages to be gained by knowing ambulance work in all its phases. They advocated a knowledge of hospital administration for medical men, whereby they might obtain great hold upon their hospitals, and command more respect thereby in the councils of management. Professor Haughton pointed out the advantages to the community of students being trained in such work. Professor Bennet lamented that by Act of Parliament medical men were debarred from having anything to do with the administration of the hospital to which he belonged. Amidst great enthusiasm, it was resolved to form a company for learning ambulance work, under the charge of Professor Cunningham. In the evening Drs. Evatt and Cantlie were entertained by the Medico-Chirurgical Society at the College of Surgeons. They there again, at a numerously

attended meeting, advocated a training for the civil practitioner, such as is given in the army, whereby they may be more useful in their hospital councils, and thereby raise the position of the doctor throughout the country generally, by giving him a greater command of the institutions to which, at present, the doctor is attached more in name than in active management. In every other country than in Great Britain the doctors are responsible for the hospital; and in Great Britain they are not allowed to be responsible, as they are unfit, because untrained in the work, so to do. The two visitors were entertained at breakfast at the Zoological Societies' Gardens in the Phoenix Park on Saturday morning, and at one o'clock on Saturday, Surgeon-Major Evatt addressed a meeting of students at the Carmichael School of Medicine.

Operating Theatre.

ST. BARTHOLOMEW'S HOSPITAL.

WEDNESDAY, DECEMBER 17th.—To-day Mr. Thomas Smith operated on a most interesting case of
TUMOUR OF THE THIGH.

The patient, a boy aged nine years, was admitted, under the care of Mr. Smith, on December 7th. At that time there was a very diffused tumour at the upper and front part of the left thigh, soft and very elastic. It was stated that about twelve months before admission the boy had received a smart blow on the thigh, and the swelling was observed immediately afterwards, and it had continued ever since. There was no sign of hip-joint disease. The boy had been under treatment at the German Hospital, Dalston, where he was treated with liniments, with doubtful benefit, and also at the Metropolitan Free Hospital, where the surgeons had punctured the swelling, but without drawing off any fluid beyond a little blood. On measuring the affected thigh, it was found to be about three inches larger than the sound one. On Thursday, the 10th inst., a consultation of the St. Bartholomew's surgical staff was held, when all the surgeons present agreed that the swelling was due to a collection of fluid, and in all probability, pus. On puncturing it, however, no fluid escaped, and it was then decided that it was a proper case for operation. Before operating, on Wednesday, Mr. Smith said he could not tell the nature of the tumour. It was one of those doubtful cases occasionally met with; it might be sarcoma or anything else, but they would soon decide the point. Mr. Smith then made an incision, about six inches long, down the front of the thigh, and on drawing aside the sartorius muscle, the tumour was brought into view, which proved to be of a soft fatty nature. It was found to have deep attachments, and to have pushed its way through the deep muscles of the thigh. After a troublesome dissection, Mr. Smith was able to free it from its origin, which was found to be from the periosteal covering of the shaft of the femur. The tumour was about the size of a man's fist. Mr. Smith remarked that the case illustrated the little reliance which could be

placed upon the history as given by patients or their friends. The history here was that of injury, because the swelling was first noticed after a blow, but there was no doubt that the tumour was congenital. He had met with two similar cases, each fatty tumour, and springing from the periosteum of long bones.

University, College, and Hospital Intelligence.

CAMBRIDGE UNIVERSITY.

THIRD EXAMINATION FOR THE M.B. DEGREE.—Part I.—The following have been examined and approved:—Anderson, B.A., Trinity; Beard, B.A., Cavendish Hostel; Castle, B.A., Pembroke; Cockesedge, M.A., Gonville and Caius; Coombe, B.A., Gonville and Caius; Copeman, B.A., Corpus Christi; Dickinson, B.A., Peterhouse; Duffield, B.A., Trinity; Evans B.A., King's; Fox, B.A., Cavendish Hostel; W. P. G. Graham, B.A., Gonville and Caius; Hamar, B.A., Christ's; Holloway, B.A., Sidney, Sussex; A. C. Ingle, B.A., non-collegiate; Jolly, Gonville and Caius; Keightley, B.A., Pembroke; E. J. Lewis, B.A., Christ's; Lund, M.A., Trinity; Malden, M.A., Trinity; May, B.A., Trinity; M. Miley, B.A., Trinity; Perry, M.A., King's; Priestley, M.A., Trinity; Redmayne, B.A., Trinity; Ruahbrooke, B.A., Christ's; Sidebotham, B.A., Gonville and Caius; Skelding, B.A., Gonville and Caius; Thornton, B.A., Christ's; E. H. R. Watts, B.A., St. John's; C. Yeoman, B.A., Pembroke.—**Part II.** The following have been examined and approved:—Andrews, B.A., St. John's; Daniels, B.A., Trinity; Duffield, B.A., Trinity; Evans, B.A., King's; Facey, B.A., St. John's; Haig, M.A., Trinity; G. D. Haviland, B.A., St. John's; H. C. W. Jones, B.A., Downing; Musgrave, B.A., Magdalene; Nichol, B.A., Gonville and Caius; Niven, B.A., Gonville and Caius; Piggott, B.A., Emmanuel; Ritchie, B.A., Trinity; Ruahbrooke, B.A., Christ's; Spicer, B.A., Gonville and Caius; Tayler, M.A., Clare; Whishaw, B.A., Cavendish Hostel.

DURHAM.

UNIVERSITY OF DURHAM.—The following candidates, having passed the necessary examinations during the Michaelmas term, received the several degrees on Friday last, December 11th:—

The M.D. for Practitioners of Fifteen Years standing.—G. F. Bodington, F.R.C.S., M.R.C.P.; Edward Eustace, L.R.C.S., L.R.C.P.; Allen Fennings, M.R.C.S., L.S.A., L.R.C.P.Ed.; John W. Hembrough, M.R.C.S.; J. McGee MacCormac, L.R.C.S., L.R.C.P.; Thomas S. Maguire, L.K.Q.C.P.; Whitfield Perkins, M.R.C.S.; Robert John Shepherd, M.R.C.S.

For the M.D. (Essay).—Frederick Spicer, M.B., M.R.C.S., Gold Medal, 1885; David H. Barley, M.B., M.R.C.S.; Thomas E. Gordon, M.B., M.R.C.S.; Herbert R. Mosse, M.B., M.R.C.S.

For the M.B. (Essay).—Auburn Wilkinson, L.M.

For the M.S.—Philip Boobyer, M.B., M.R.C.S.; George Rome Hall, M.B.; A. H. Hart, M.R.C.S., L.R.C.P.; Alex. Yates Reilly, M.R.C.S.

Second Examination for the Degree of M.B.—Alexander Whyte, M.R.C.S.; and Henry Thomas Platt; Second Class Honours.

Pass List in Alphabetical Order.—William Baigent; John Barker; William Biggam; John Edwin Coad; Charles Gayford, M.R.C.S.; Arthur H. Hart, M.R.C.S., L.R.C.P.; Robert Beelis, M.R.C.S., L.R.C.P.; James Matthew Lazenby; Edgar Roe Lyth; John Edward Panton, M.R.C.S.; Alexander Y. Reilly, M.R.C.S.; F. J. Walker, M.R.C.S., L.R.C.P.; F. P. Wightwick, M.R.C.S., L.R.C.P.; John Peere Williams-Freeman.

GLASGOW

ROYAL INFIRMARY SCHOOL OF MEDICINE.—This School closes the Christmas vacation on Friday, the 18th, and, conse-

quently, the first of the written examinations for the prizes is taking place in all the classes this week. The case of vascular protrusion of the eyeball, referred to some time ago, has made so far a very good recovery, the operation that was performed being ligature of the carotid artery on the side on which the affected eye was.

ROYAL INFIRMARY MEDICAL SOCIETY.—The weekly meeting of the Society was held on Friday evening, the 11th inst., Dr. Parry, in the absence of the President, Mr. Young, presiding. He was supported by Dr. MacIntyre (Demonstrator, Assistant Surgeon, and Electrician to the Hospital), Mr. Thorpe (Hon. Sec.), and Mr. McArthur (Treasurer). Dr. Parry apologised for Mr. Young's absence, and, in a few well-chosen sentences, introduced Dr. MacIntyre as the lecturer for the evening. Dr. MacIntyre chose for his subject, "Medical Teaching," and to illustrate his paper, described his own course of study at Glasgow University, and then his study in Germany. The lecture was well received, and the usual votes of thanks having been awarded, the meeting closed.

EDINBURGH.

EDINBURGH UNIVERSITY.—BURSARY AWARDS.—The following bursaries have been awarded:—1. The Thomson Bursary, for the preliminary examination, has been awarded to George M. Cullen, a preferential candidate. 2. The Grierson Bursary, for the same examination, to W. B. Drummond. 3. The Neil Arnott Prize, for experimental physics, to David Traill, M.A. 4. The Grierson Bursary, in the subjects of chemistry, botany, and natural history, to Robert Muir. 5. The Grierson Bursary, in the subjects of anatomy and institutes of medicine, to J. H. Ross Garson. 6. The Grierson Bursary, in the subjects of materia medica and pathology, to Joseph Tillie.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At a meeting of the Council on Thursday last, December 10th, the following were elected examiners for the ensuing year, viz:—

Elementary Anatomy.—Messrs. J. Black, J. N. C. Davies Colley, A. P. Gould, C. W. Moullin, and R. W. Reid. **Elementary Physiology.**—Messrs. E. H. Fenwick and C. H. Golding-Bird. **Anatomy.**—Messrs. W. H. Bennett, R. J. Godlee, H. G. Howse, and E. B. Owen. **Physiology.**—Messrs. W. M. Baker, J. McCarthy, and H. Power. **Anatomy (Fellowship).**—Messrs. W. Anderson, R. J. Goodlee, H. G. Howse, H. Morris, and E. B. Owen. **Physiology (Fellowship).**—Messrs. W. M. Baker, C. H. Golding Bird, J. MacCarthy, and H. Power. **Midwifery.**—Drs. F. H. Champneys, W. A. Duncan, A. L. Galabin, and G. E. Herman.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed the Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, December, 3rd, 1885.—J. K. Frost, Dunherd, Saltaah; S. B. Jolly, M.R.C.S., Home Lea, Lansdown, Bath; A. J. Pickthorn, M.R.C.S., 1, Wetherby Terrace, South Kensington, S.W. The following gentleman passed his examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received his certificate to practise:—W. H. Cossens, 37, St. Mary's Terrace, Paddington. The following gentlemen also on the same day passed their Primary Professional Examination:—W. F. Brook, St. Thomas's Hospital; W. G. Sargent, London Hospital.

VACANCIES.—Blackburn and East Lancashire Infirmary.—House Surgeon. Salary, £100 per annum. Applications by December 24th.—Middlesex Hospital. Assistant Surgeon. Applications by December 22nd.—Royal Albert Hospital, Devonport. Assistant House-Surgeon. Applications by December 23rd.—Sheffield Friendly Societies' Medical Institution. Resident Medical Officer. Salary, £170 per annum. Application to Mr. C. Belk, Fulton Road, Sheffield.—Torbay Hospital and Provident Dispensary, Torquay. Junior House-Surgeon and Dispenser. Salary, £90 per annum. Applications by January 1st, 1886.—Victoria Hospital for Children, Queen's Road, Chelsea. Senior Surgeon. Applications by December 21st.—Victoria Hospital for Children, Queen's Road, Chelsea. Second Surgeon. Applications by December 21st.

—Victoria Hospital for Children, Queen's Road Chelsea, Second Surgeon on the In-Patient Staff. Applications by December 21st.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen have been admitted to the Fellowship of the college:—Henry Dawson Farnell, L.S.A., Francis Henry Weekes, L.S.A., James Thomas James, L.R.C.P. Lond., John Bowring Lawford, L.R.C.P. Lond., John W. Batterham, M.B. Lond., Henry Waytes Pomfret, L.R.C.P. Lond., Alfred Ernest Hind, Robert Jones, M.D. Lond., Charles Edward Henry Cotes, M.B. Cantab., S. Plowman, L.R.C.P. Lond., Henry Robert Woolbert, M.B. Lond., George Adlington Syme, M.B. Melbourne, and Jasper J. Garmany, M.D. Bellevue. Two other candidates passed the examination, but not having attained the legal age (twenty-five), will receive their diplomas at a future meeting of the Council. Nine candidates failed to reach the required standard.

Notices of Books.

SILVERLOCK'S VISITING LIST.*

We have received a copy of Silverlock's well-arranged and beautifully finished Visiting List for 1886, and we must say that, for convenience of use and general suitability to meet the requirements of the general practitioner of medicine, it will bear favourable comparison with any other work of the kind. In addition to the usual pages for lists of patients, diary, memoranda, midwifery engagements, &c., the work contains a large amount of valuable information useful for ready reference, and to assist the memory of the physician. Thus there is a very full and complete table of doses of the various official and non-official drugs; notes regarding the incubation of fevers, appearance of eruption, &c.; notes regarding the use and value of the clinical thermometer in disease; notes as to treatment of persons who have taken poisons, &c. The book meets a professional want, and there is no doubt that it will be widely appreciated.

IRISH ACADEMY OF MEDICINE TRANSACTIONS.†

THIS goodly volume tells of intellectual activity in the great Irish centre. When Irishmen can be got to write, it is well, for their work is good. The pity is that there is not more of it, as if quantity did not tell on quality. Among the contributions we find one on "Hereditary Amaurosis," by Dr. John B. Story. One "On a Form of Pneumonia prevalent in Dublin," by Dr. James Little. "Resection of the Humerus," by Mr. W. J. Wheeler. "Fourteen Cases of Ovariectomy," by Arthur E. Macan, the accomplished master of the Rotunda Hospital, who thinks that one death only in his first fourteen ovariectomies decidedly encouraging. And we quite agree with him, and say, "Go on." Then an account given of "Self-Mutilation by a Lioness," by Mr. P. S. Abraham, who concludes—"I venture to suggest that we may look upon the perversion of taste, in our lioness, at all events, as one of the manifestations in the lower animals of that protean affection, which we call 'hysteria.'" This is a contribution to the subject of hysteria in the lower animals. The account of "Two Cases of Abnormal Coronary Artery," by Dr. H. St. John Brooks, would have been all the more interesting had the age of the subjects thereof been appended. The work is neatly got up, and is a credit to the publishers.

NOTICES TO CORRESPONDENTS.

BUSINESS COMMUNICATIONS, Orders for the "GAZETTE" and Advertisements, should be sent to the Publishers, Messrs. Bailliere, Tyndall and Cox, to whom Post Office Orders are to be made payable at the Charing Cross Post-office.

THE EDITOR hopes that the Local Secretaries will do their utmost during the ensuing Session to assist him in maintaining the interest and value of the GAZETTE, by forwarding

* Silverlock's Medical Practitioners' Visiting List and Diary for 1886. London, A. Silverlock, 92, Blackfriars Road, S.E.

† Transactions of the Academy of Medicine of Ireland. Vol. III. Edited by Wm. T. Lawson, M.A., F.R.C.S. Dublin, Fannin & Co., Grafton Street; pp. 468; 1885.

early reports of all meetings or other events likely to be of general interest to students.

ARTICLES, LETTERS, and all communications intended for publication, and Books for Review, to be addressed to the Editor of THE HOSPITAL GAZETTE, 20, King William Street, Strand, London, W.C.

THE REAL NAME AND ADDRESS of the writer must accompany each letter, not necessarily for publication, but as a guarantee of good faith.

MR. THRESH.—Accept our best thanks for your communication. Mr. Triimmer, Secretary to the Royal College of Surgeons, would, doubtless, feel grateful if you were to send him a copy.

COMMUNICATIONS, LETTERS, &c., RECEIVED.—Dr. J. Milner Fothergill, London; Dr. A. C. Maybury, London; Dr. Cresswell Hewitt, London; Mr. H. Thresh, Buxton; Dr. J. Brindley James, London; Mr. Edridge-Green, St. Bartholomew's Hospital; Mr. A. Holt, Holcombe, Ramsbottom; Mr. R. D. Shiels, Edinburgh; Mr. Allison, Dalston; Mr. Sharp, Glasgow; Mr. Cantlie, F.R.C.S., Charing Cross Hospital; Mr. Gamgee, Birmingham; Mr. E. Kempton, Stafford; Mr. T. C. Hunter, Pontypridd; Mr. J. Woodland, London; Messrs. Sulman & Berry, London; Dr. J. Brown, Bacup; Mr. B. H. Morris, Denbigh; Mr. A. Wilson, Denbigh; Mr. Dickenson, Burnley, &c., &c.

BOOKS, PAPERS, &c., RECEIVED.—Surgical Diseases of the Kidney, by Henry Morris, M.A., M.B., F.R.C.S., Surgeon to, and Lecturer on Anatomy, at Middlesex Hospital, &c. London, Cassell & Company, Limited—Fractures and Dislocations, by T. Pickering Pick, Surgeon to, and Lecturer on Surgery at St. George's Hospital, &c. London, Cassell & Company—The Surgical Diseases of Children, by Edmund Owen, M.B., F.R.C.S., Surgeon to the Hospital for Sick Children, Great Ormond Street; Surgeon to, and Lecturer on Anatomy at St. Mary's Hospital, &c. London, Cassell & Company—Medical Times and Gazette—British Medical Journal—Medical Press and Circular—New York Medical Record—Le Progres Medical, &c., &c.

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AUSTIN FLINT's Text Book of Physiology (Lewis, 1876). Three plates and 313 woodcuts, pp. 978, 7s. 6d.; Watson's Practice of Physic. Two vols., fourth edition, 7s. 6d. Headland on the Action of Medicines, 3rd edition, 2s. c12

TODD and Bowman's Anatomy and Physiology. Two vols., second edition, calf, 5s. Ellis's Dissections, second edition, 3s. 6d.; Kirkes' Physiology, seventh edition, 4s. 6d.; or lot, 10s. 6d. post free. c13

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GRAY's Anatomy, Latest Edition, 1883, 16s.; Heath's Practical Anatomy, 1881, 8s. Postage 6d. extra.—Lawrence, 66, Sidney Street, Commercial Road, E.

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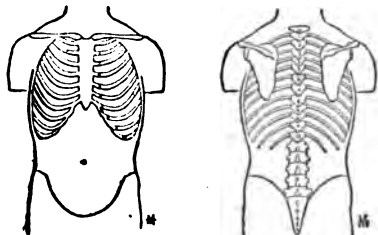
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